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ABSTRACT

This monograph identifies and synthesizes some of the most important issues that can effect the performance of a psychoeducational consultant. It begins by describing the major modes of consultation in their situational contexts. Although the differences among the four major modes--provision, prescription, mediation, and collaboration--are evident, there appears to be less difference in the phases through which consultation processes are carried on, whatever the mode. In tracing these phases--phasing-in, planning, producing, and phasing-out--useful suggestions for successfully completing each stage are highlighted. Whenever different strategies are required for the "inside" consultant as opposed to the "outside" consultant, they are specified. The last half of the monograph, including the appendixes, focuses on some of the major factors influencing individual, group, organizational, and community change, and on the training of the psychoeducational consultant. (Author/IRT)

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Psychoeducational Consultation
Definition—Functions—Preparation

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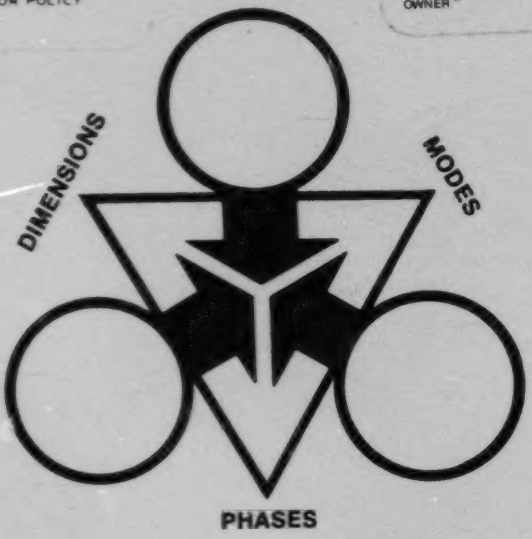

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Psychoeducational Consultation
Definition—Functions—Preparation

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Lastly, we are grateful to those who performed typing, editing, and other demanding activities required to complete the manuscript.

FOREWORD

For more than a decade counselors have been urged to "give psychology away," to "work in indirect modes," and to include consulting as one of their major tools for assisting clients. Casual conversations at national conventions would lead one to believe that the training of counselors to do consultation would be of highest priority within the profession. Strangely, very few training programs have shifted the curriculum to prepare counselors to take on such added emphasis. Indeed, when the directors of college counseling centers attempted to search out such training programs a few years ago, search ended on a note of despair which was titled "Everyone Wants to be Jesus and No One Wants to be Paul." The reasons for the maintenance of traditional direct counseling as the primary emphasis in training remains somewhat of a mystery.

Some of us are of the opinion that the most important skills that a consultant needs are counseling skills and that the work of the consultant is "icing on the cake." Others act as though there is nothing about consulting that is different or that it is simply a matter of changing one's target reference. I believe, however, that one of the chief roadblocks has been that there were no good training models and only a limited literature on which a good training program could be built. The Kurpius-Brubaker monograph will be a big step toward correcting that situation. One way of characterizing the contents is as a "Trainer's Guide to Important Issues, Concepts, and Materials." It does provide an explicit and concrete mode of a course which, added to the traditional counselor training program, will provide the initial training and experience to launch a qualified counselor as a consultant.

Not everyone will agree with the ways in which Kurpius and Brubaker have resolved some of the issues, but there will be few who will want to charge them with not being comprehensive in their outline of what needs to be considered. Rather than being tied to one particular definition of consultation as is true of others, e.g., Caplan-collaborative, Tharp-mediator, Schein-process, they have attempted to look at the real world and ask,

"When someone talks about consultation what do they mean?" The answer comes back in somewhat fuzzy terms, fuzzy like the real world is: "There are four different ways to consult: providing service, prescribing action, mediating others' work, and collaborating with another professional." Those of us who would like our definitions more simple and clear-cut have to be content with the description of things as they exist. But Kurpius and Brubaker did not stop there. They were able to search out the issues that are common across the four modes and those that are distinct. They go on to outline the steps common to the four modes and the concerns that must be addressed.

The monograph will not stand by itself. It is not intended to. It is an excellent synthesis of the information that is currently available and as such provides an outline of "All you ever wanted to know about consultation and didn't know where to find out." I am hopeful that it will provide the spark to initiate long overdue courses in counselor education programs.

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INTRODUCTION

This monograph represents an attempt to identify and synthesize some of the most important, and perhaps the most basic, issues which can affect the performance of a psychoeducational consultant. The role of the consultant may range from that of provider or mediator to that of a full-scale, long-range consultant. The consultant's target audience may range in size from one individual to an entire corporation or community. Whatever roles and functions are eventually assumed, we feel that it is imperative that a prospective consultant be aware of the options that are open to him/her, and be equally aware of the possible consultative directions that any option may determine.

It is for this reason that we begin by describing the major modes of consultation in their situational contexts. Although the differences among the four major modes—*provision, prescription, mediation,* and *collaboration*—are evident, there appears to be less difference in the phases through which consultation processes are carried on, whatever the mode. By tracing these phases—*phasing-in, planning, producing,* and *phasing-out*, we have tried to highlight useful suggestions for completing each stage successfully, success being considered the attainment of the desired outcome. Whenever different strategies are required for the "inside" consultant as opposed to the "outside" consultant, we have tried to specify those differences. On the other hand, the extent to which "individual" consultation differs from "group" consultation is primarily a variable of complexity, degree of formalization, and time lines. While we recognize these variables, our intention is to focus on stages and modes which apply to any consultation experience.

In order to clarify the assumptions upon which we have proceeded to discuss consultation, we offer this working definition of "psychoeducational consultation." Consultation is a helping process which emerges out of an individual, group, organization, or community need to solve both human and organizational problems. The consultation process may be broadly differentiated from counseling and other psychological

helping processes by the locus of the problem; that is, when the consultation process is selected as a proper intervention strategy, the problem(s) to be solved has been defined as "work-related" and the subsequent consulting process will serve the client (target) indirectly. In actual day-to-day activities, consultation is a process which interacts between human and technical problems and is usually related to work roles and tasks. Personal-emotional needs of the consultee are focused on only if related to the work problems. Consultation, then, involves a triadic relationship among three different roles--Consultant, Consultee, and Target. The target consists of four major dimensions--Purpose, Framework, Methodology, and Psychosocial.

As a way to integrate the primary elements of the consulting model described above, we have developed a graphic model which represents our conceptual framework for performing in the consultation domain, i.e.,

Modes of Consultation	*Target Dimensions*
Provision	Purpose
Prescription	Framework
Mediation	Methodology
Collaboration	Psychosocial
Phases of Consultation	*Consultation Roles*
Phasing-In	Consultant
Planning	Consultee
Producing	Target
Phasing-Out	

The last half of the monograph, including the appendices, focuses first on some of the major factors influencing individual, group, organization, and community change, and finally on the training of the psychoeducational consultant.

Our own experience has led us to believe that all consultants face similar challenges and that they need to ask the same types of questions of themselves and their clients. The section of the monograph devoted to factors relating to change will focus upon what we see as some of the questions consultants and their consultees need to attend to.

MODEL OF
PSYCHOEDUCATIONAL CONSULTATION

The concluding section on training is based primarily on our own experiences with graduate seminars and in-service workshops. Here the aim is to present and evaluate our own training model in the hope that others, trainers and trainees alike, may benefit from our experimentation.

Psychoeducational consultation, as a relatively new profession in the area of human services, draws upon many more established models and principles of human development—including everything from psychotherapy to systems analysis. Yet its uniqueness, in that it can serve clients both directly and indirectly through the consultee(s), requires an additional set of considerations, options, and skills. It is our intention to contribute to the extant literature on consultation by highlighting those discoveries, techniques, and tools which have proven to be most useful to the authors.

CONSULTATION MODES

I. Provision Mode

A. Situation: A problem exists which no one possesses the expertise, time, or desire to meet. Consequently, an expert is acquired to "provide" the needed services. Two examples are:

1. The counselor accepts all referrals from the classroom teacher with the teacher's expectation being that the counselor and student will solve the problem as identified by the teacher.

2. A mental health clinic staff member provides training for classroom teachers in observing student behavior.

B. Usage: This mode is very common in settings where the primary role of the consultant is to provide direct service to the target regardless of other intervening variables in the environment which may be related to the problem. The provision mode of consultation is often used in schools. Where this mode is followed, the consultant may be performing a counseling role more than a consultation role. When a consultant agrees to operate in the provision mode he has accepted the responsibility to change the student to adjust to the expectations of a third party, i.e., the teacher. In this case the teacher is the consultee, but claims little or no ownership of the problem once the referral is made. Although this choice might be appropriate, one should always consider one of the three other modes, *prescription*, *mediation*, or *collaboration*, as an alternative.

C. Issues:

1. *Has the problem been correctly defined?* Often when the target's problems are defined by another person, they tend to be described by that

person's values and role position. As a result the consultant often has very limited information about the person being referred. Problems defined in abbreviated forms, such as student misbehavior or lack of motivation, are often little more than stereotyped categories.

2. *Does the consultee understand the consequences?* Remember that the provision mode of consultation is more like counseling than consultation because the consultee only makes the referral. However, counselors who have a broad conceptual understanding of how people and systems interact are less likely to accept referrals with the understanding that they will "adjust the student" to meet the consultee's needs. Hence, the counselor should clarify the desire to work more directly with the consultee. If this is not possible, the consultee should be informed that the counselor will help the client define the problem as the two of them perceive it and that if discrepancies exist, there may be a need for additional consultee input and discussion. If the consultee is not informed of these different perceptual views, it is quite likely that no client change will occur, or that the client may get worse (according to the consultee's criteria).

   As mentioned above, it is important for anyone doing consultation to describe his conceptual framework; however, it becomes even more important in a setting where a role group (counselors) performs the non-traditional functions of consultation.

II. **Prescription Mode**

   A. Situation: The consultant(s) is informed about a problem or is requested to observe a situation, diagnose the problems, and prescribe how these

problems can be solved. In most cases the consultant tells the consultees how to solve the target's problems, i.e., the prescription.

B. Usage: Prescriptive consultation probably first emerged from the medical field and is still heavily relied upon as a support base for difficult medical decisions. Schools and mental health clinics in the past have utilized the prescriptive mode in situations where children needed remedial help. More recently prescriptive assistance has been actively practiced within many school settings, but it is still seen chiefly as a remedial tool. Prescriptive consultation is also used in organizations where rapid change (with little involvement of other organizational members) is desired by management staff.

C. Issues:

1. *Has all of the information needed to improve the situation been shared, and is it accurate?* Sometimes people and departments having the greatest difficulty may not share the information needed to solve the problem(s). The common reasons for withholding information are often stated as:

   a. I may be required to change in some way that would be difficult for me; therefore, things are okay as they are.

   b. If I shared everything I know or feel about the situation, things might change to make my work more demanding.

   c. If I tell-it-the-way-it-is around here, I will become identified as a disloyal member because management wants things to look smooth and harmonious.

2. *Have the recommendations been accepted?* Even though the information gathered may be valid, sometimes the persons being considered for

change (target population) or those influencing the change (consultees) may not accept the prescription.

3. *Has the prescribed plan been implemented as intended?* The most significant phase of this mode is implementation. Probably the greatest breakdown occurs in insuring that the plan, once accepted, is implemented as designed. Do the parents respond to the child as recommended by the counselor? Does the teacher follow the observation schedule prescribed by the clinic staff?

4. *Who evaluates the "process" and "products" associated with following the prescription?* Sometimes in the prescriptive mode the consultant is expected to evaluate the outcome (did it work?) without being involved in the day-to-day evaluation of the change procedures (is the prescription working?). It is imperative while using the prescriptive mode to build in both *process* and *product* evaluation procedures. The evaluation design should include: who will do it, what will be done, when, where, and how, and did it work?

   The prescriptive mode can work very successfully if the consultant follows the approach as it is intended and reaches agreement with the consultee(s) that this is the best approach, given the situation.

5. *What other issues apply?* Gerald Caplan (1970), whose book, *The Theory and Practice of Mental Health Consultation*, has been so influential in the field of community mental health, describes four types of consultation appropriate to the prescriptive mode. Although Caplan points out that consultation activities frequently are not restricted to one of the four approaches he describes, he says that if a consultant is aware of

the process aspects of what he is doing he may be able to select more easily "an effective general pattern of response" (p. 32). The four types of consultation described by Caplan (1970) are:

Client-Centered Case Consultation

Consultee-Centered Case Consultation

Program-Centered Administrative Consultation

Consultee-Centered Administrative Consultation (pp. 32-34).

Each of these types is described briefly below.

In *Client-Centered Case Consultation*, a consultee wants the assistance of the consultant in order to help one or more clients. This approach is the sort of consultation activity which takes place between medical doctors. The consultee may learn about how to handle similar cases in the future, but the main goal is helping the client by providing the consultee with whatever he needs to do so (p. 32).

In *Consultee-Centered Case Consultation*, the consultee is also concerned with how to handle a particular case. The goal of the consultant in this approach, however, is to concentrate on why the consultee is having trouble with the specific client's problems under consideration. The consultee's difficulty may be based on lack of knowledge or skills or on other factors. One category of problems a consultee reports may be the result of his own "lack of professional objectivity due to the interference of subjective emotional complications with his perceptual and planning operations" (p. 33).

In *Program-Centered Administrative Consultation*,* the problem for which consultation is sought involves "planning and administration—how to develop a new program or to improve an existing one" (p. 33). In this instance the consultation process includes passing on of needed knowledge in the areas of "administration and social systems," "mental health theory and practice and of program development in other institutions" (p. 33). The consultant's purpose is to provide the organization with ways in which it can effectively plan its program; at the same time, members of the organization may gain knowledge they can use later.

In *Consultee-Centered Administrative Consultation*, the organization and the program are attended to. One of the main points of the consultation is "the elucidation and remedying among the consultees of difficulties and shortcomings that interfere with their grappling with their tasks or program development and organization" (p. 33). Several consultees are involved, and they may have problems related to their group. The purpose of the consultation is for members of the organization to learn to understand their difficulties and to correct them so that they, themselves, can work toward their organizational goals (p. 34).

III. **Mediation Mode**

A. Situation: A child has been recognized by several role groups (teachers, counselor, social worker) as having a special kind of difficulty; however, each role group is independently treating the problem.

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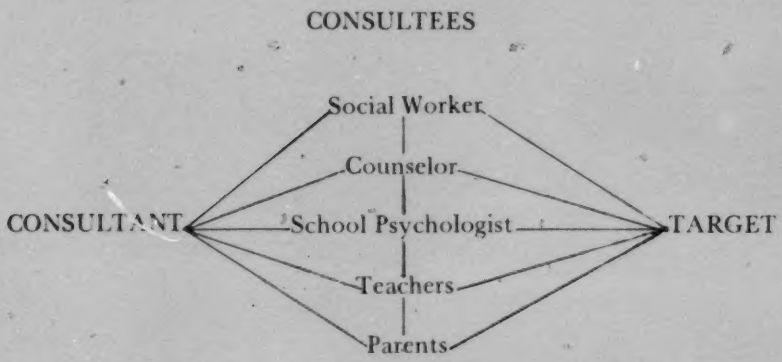
*In some ways the operational definition of Program-Centered and Consultee-Centered Administrative Consultation could be considered with the mediation and collaboration modes of consultation described on pp. 6-14.

B. Usage: This mode is presently used for more difficult or remedial individual consultation. Its procedures need to be expanded to consultation in groups, organizations, and communities.

C. Issues:

1. *Do the mediators see the whole picture?* Success of this approach when working with one target person (client) depends on each mediator's understanding and acceptance of the total child and the influence that each role group has on solving the child's problem. The mediator mode is most appropriately used in a school which finds its staff working independently and competitively. It is not uncommon to discover that the child and sometimes the parents are being bounced from one specialist to the next (or sometimes one teacher to the next) with little collaboration or systematic problem solving occurring. In the mediator mode of consultation, one person will function as the consultant while all others provide a coordinated direct service to the child. In diagram form this would appear as follows:*



*NOTE: The consultant can be any one of the mediators on any given case. Sometimes the consultant is from "outside" such as a mental health clinic staff member consulting in a school district.

2. *What is consultant's role?* The key variable in this mode is that the consultant, rather than working directly with the child, acts indirectly as the coordinator, designer, and sometimes manager of the treatment program. The mediator's approach differs from the often practiced "case conference" in that sometimes the consultant performs the initial role of recognizing the problem; gathering, analyzing, and synthesizing early information; defining the problem; deciding on the intervention seeming most appropriate; and negotiating and influencing the mediators of the importance of the plan.

Tharp and Wetzel (1969, p. 47), and later Tharp (1975, p. 137), refer to this approach as the "consultative triad." Tharp (1975) defines the three positions in the triadic model as presented here:

> the *target* is the person with the problematic behavior, the change of which is the primary goal of the directed influence.
>
> the *mediator* is the person with the available means of social influence for effecting that goal.*
>
> the *consultant* is the person with the knowledge to mobilize the mediator's influence (Tharp, 1975, p. 138).

The mediator mode of the triadic model builds upon the expertise of the consultant to assist the mediator(s) who have an ongoing working relationship with the child.

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*Blocker (1975) and Tharp (1975) have independently developed "a list of demonstrated potent means by which one person influences another." These are called "sources of gain" by Blocker and "means of social influence" by Tharp and are stated by Tharp (1975, p. 136) as: "1) reinforcement, 2) modeling, 3) instruction, 4) feedback and 5) cognitive restructuring," and by Blocker (1975, pp. 160-161) as: "1) relationship conditions, 2) communication process, 3) public commitment, 4) cognitive change, 5) social modeling, and 6) operant shaping."

3. *How is the consultation process described?* According to Carrington (1975) a closer examination of the relationship between the mediator and the consultant discloses some distinct steps the consultant takes in this particular mode of consultation:

   1. The consultant organizes the mediators and initiates the meeting and agenda.
   2. The consultant collects from the mediators the data which is relevant to the target's problem(s).
   3. The consultant assists the mediators in identifying or re-identifying the problem(s).
   4. The consultant aids the mediators in establishing objectives in changing the target's behavior. (This may be more difficult than function # 3—identifying the problem(s)—and may require some formal negotiations.)
   5. After the objectives have been established, the consultant and mediators decide upon what sources of influence will be utilized, what solutions will be applied, and what intervention systems will be implemented. Again, gaining acceptance of the plan may require negotiations among the parties.
   6. The plan(s) must be implemented and the consultant must be *available* and *responsible* for *coordinating* these efforts.
   7. The consultant and mediators agreeing on an evaluation process whereby the implementation may be evaluated for its success in producing behavior change in the target and whereby the implementation may be constantly re-evaluated to determine if the consultant and mediators need to revise earlier steps to assure success of the plan.

As Tharp (1975, p. 141) states, there are goals for the target jointly endorsed by the mediators and consultant, but in addition, the mediators and the consultant agree to two other terms: 1) the consultant agrees to attempt to influence the mediator toward action which will achieve the earlier goal, and 2) the mediator-consultee agrees to allow the consultant to influence him. The critical issue to remember is that the welfare of the target (client) is the highest priority.

IV. **Collaboration Mode**

A. Situation: The consultant assists the consultee to discover, define, own, and develop a plan to act upon problems which occur in the target area (consultee's environment) and are in need of change.

B. Usage: Collaborative consultation has been influenced by Tilles (1961), Schein (1969), Miles (1975), Caplan (1970), Baldridge (1972), Murry and Schmuck (1972), Altrocchi (1965), Buchanan (1972), Ford (1972), Culbert (1972), and Lippitt (1973). In most cases the original intent was to focus on organizational change through group consultation. We support this process as a viable way to effect change, finding as well that the collaborative approach is very appropriate for individual consultation.

C. Issues:

1. *What are some of the factors supporting the use of this mode?* Whether you are doing individual, group, organization, or community consultation, the collaborative mode tends to become an ideal toward which the consultant works. We take this position for the following reasons:

a. It can bring out the latent problem-solving capabilities of the consultees.

b. It tends to reinforce the importance of discovering, defining, owning, and solving the problem.

c. It tends to increase influence toward self-direction, and change at all levels within a unit or organization.

d. Modern organizational practices support the positive synergistic impact which can occur from membership interaction.

e. It is more likely to change the environmental factors which are producing the problems.

f. It perceives change as sometimes conflict-producing but recognizes conflict as natural and healthy.

g. Trust and respect for self and others are more likely to occur.

h. Consultees are more likely to develop their own plan to improve the situation.

i. Dysfunctional power and authority blocs are less likely to occur.

j. Problem solving competencies are more likely to be developed within the group, organization, and community.

k. People and organizations are more likely to become more flexible and adaptive to meeting consumer needs.

l. Non-standard problems can become accepted and solved.

m. Problems, once solved, are more likely to remain solved.

2. *How was the approach developed?* Schein (1967) traces the development of what he has called process consultation (collaborative) from the work of Kurt Lewin in group dynamics and the development of group dynamics training methods at the National Training Laboratories. He states several basic assumptions which

underlie the theory of process or collaborative consultation as:

a. Sometimes managers and other professionals do not know what is wrong and need special help in diagnosing what their problems actually are.

b. People often do not know what kinds of help the consulting process can provide: they need to be advised or informed as to what kind of help to seek.

c. Most people have positive intentions but need help in identifying what to improve and how to do so.

d. Most people can be more effective in the future if they learn to assess their own strengths and weaknesses.

e. An outside consultant could probably not, without a comprehensive study, learn enough about the culture of the organization to reliably suggest new alternatives. Therefore members who are intimately acquainted with the organization are needed as collaborators.

f. The consultee(s) must learn to recognize the problem, to share in the diagnosis and to be actively involved in generating a solution.

g. The consultant must be expert in how to establish effective helping relationship interventions with consultees.

3. *How is the process described?* Murry and Schmuck (1972) present several activities for preparing a group to engage in collaborative consultation. Their list includes:

a. Work mostly with staff groups.

b. Help the group to give and receive feedback.

c. Help the group discuss its norms and practices of working together.

d. Help the group surface difficult problems which are primary barriers to solving the problem(s).

e. Help the group develop, implement and evaluate better problem solving approaches.

f. Help the group become more interdependent.

In a paper called "Social Architecture in Education," Miles (1975) supports the use of the collaborative approach with this statement: "We expect consultants to serve as generalists—aiding with organizational planning and development—rather than as technical experts on particular programs or innovations." Caplan's (1970) classification of collaborative consultation is explained as: consultee-centered case consultation and consultee-centered administrative consultation. While we believe these two approaches to be primarily prescriptive, Gibson (1975) following Caplan's configuration has added a third layer, consultee-centered Ad Hoc Consultation. He believes that we need to go beyond conceptualizing community behavior from a psychopathological framework to a "problems-in-living" framework. Hence, by collaborating at the broader community level community resources are focused both on identifying the various causes of the problem as well as on an interdependent approach to solving the problem.

In the consultee-centered Ad Hoc Consultation, Gibson (1975) draws upon organizational theorists and their views on using temporary systems organized to solve temporary problems. This approach is useful where the temporary

nature of the change requires greater speed than bureaucracies will accommodate. Hence a temporary problem solving group is formed to define and solve the problem. Once the problem is solved, the group dissolves as quickly as it was formed.

4. *What is the consultee view of the consulting relationship?* The success of this approach depends on the readiness of the consultees to engage in developing both a temporary and ongoing problem solving process. In the collaborative mode the development of a cooperative approach to change is always the consultant's goal. In its ideal state, the collaborative process is intended to become a norm within the culture in which it is implemented. The primary cue to determine if the collaboration mode is emerging is to assess whether or not *problems once solved remain solved.*

As a conclusion to this discussion of Consultation Modes, we would like to share one last idea for your consideration. We have found Shapiro's (1958) usage of "substantive power" and "procedural power" a useful configuration for defining consultation. When applying his definition, we find that *provision* and *prescription* consultation tend to represent *substantive power**, whereas *mediation* and *collaboration* represent *procedural power.*† In the first two, the consultant applies his knowledge directly to the client, and in the latter two he helps the client indirectly through the processes and procedures which he brings to the situation through the consultees.

You will note in the next section called "Consultation Phases" that each stage tends to reinforce the principles of the collaborative approach. While all the stages are performed within each of the consultation modes, they are perhaps most thoroughly applied within the collaborative mode.

*based on the qualities attached to or possessed by the consultant.

†based on the processes the consultant uses to obtain the outcome.

CONSULTATION PHASES

When thinking about the consultation process or what the consultant does one can picture a variety of functions in which the consultant might engage. While the mode of consultation selected by the consultant will partially influence what he does, we believe that the success of consultation is interrelated with the process steps the consultant chooses.

To clarify this we have defined four fairly distinct developmental phases, i.e., phasing-in, planning, producing, phasing-out. Each of the phases is composed of a number of stages which in most cases need to be completed before moving on to the next phase. These phases and stages are combined to form the following diagram of consultation:

I. **Phasing-In**
   - Pre-entry
   - Entry

II. **Planning**
   - Gathering Information
   - Defining the problem
   - Identifying and selecting alternative interventions

III. **Producing**
   - Stating objectives
   - Implementating the plan

IV. **Phasing-Out**
   - Evaluation
   - Termination

With these ideas as a preface we present our description of the process of psychoeducational consultation.

PHASE I—PHASING-IN

STAGE 1—Pre-Entry—Clarification of the consultant's values, needs, assumptions, and beliefs about people and organizations; identification of the purposes of consultation.

The first stage of the consultation process focuses on the consultant. This means that prior to doing consultation the consultant is obligated to define his beliefs and practices for helping consultees and their organizations to solve their problems. To emphasize the importance of this initial stage in consultation Gallessich (1974, p. 139) stated: "Value orientation,

as reflected in change priorities, is the dimension which most profoundly affects all consultation decisions and practices."

One of the most publicly quoted set of assumptions, which reflects two divergent value bases, is Douglas McGregor's Theory X and Theory Y (McGregor, 1960). Theory X basically describes one set of human values towards others as: people dislike work and will avoid it whenever possible; people want to be directed and avoid responsibility and need to be punished if their performance is inappropriate. Theory Y presents more contemporary and humanistic values toward humans, such as: Work is enjoyable and growth producing; people resist constant supervision and desire more responsibility for self; people desire feedback about their performance which is timely, objective and useful, and provides rewards for goal performance. It is evident that consultation procedures based upon these two theories would differ drastically in their approach to bringing about change in the target system. Therefore, the basic responsibility of the consultant at this early point is to explicitly state his or her assumptions about people and about organizations.

It is also useful for the consultant at this stage to separate the various consulting modes, i.e. provision, prescription, mediation and collaboration, and provide an operational definition for day-to-day use. This assures the consultee of the role responsibility accepted by the consultant working for a given agency or organization. We offer two pieces of advice in this regard. First, don't confuse supervision, training or evaluation with consultation; and second, don't confuse the "change agent" role of change with the more generalized role of helping consultees solve their problems. There are times when a "consultant" is hired from outside the system to come in and behave like a change agent. The implication that people are required to change places immediate stress on the situation. If, however, the person doing consultation is pressured to do "change agent" work, it is imperative that he work within the system norms until it is proven that this approach will not work and consultees are not able to meet the needs of their clients.

At this point it is important that the climate for change be assessed and a collaborative plan be developed to influence the desired change.

STAGE 2—Entry—Definition and establishment of the consultation relationship, roles, groundrules, and contract, including statement of presenting problem.

The first contact the consultant has with the consultee related to the presenting problem initiates the "entry" stage. Entry can begin through a telephone call, letter, office appointment, or through informal contact with a potential consultee. Regardless of the type of first contact, your first response is, or can be, the beginning of the consulting relationship. Here are two examples:

> Example I (Inside consultant): A teacher meets the counselor in the hallway during lunchtime and describes a problem class. "My third hour class is driving me crazy. They don't want to learn, they are noisy and seem to dislike each other and me. What do you think I should do?" Given the situation, the first thing you should do is try to set up a convenient time when you and the teacher can meet to clarify and define the problem(s). If the teacher is "too busy" and requests that you remove the "trouble makers" by "seeing" the two or three causing the major problems (provision mode) or come in and observe the class and tell her what to do (prescription), you are being placed in the mode which the consultee views as your role. However, if you are able to schedule an appointment with the teacher later that day, you have the potential to better define the problem and collaboratively select the best solution. Sometimes the mode selected through discussion at a later meeting does not change; in this case, however, the two of you have had an opportunity to review the situation under more relaxed conditions which will usually produce a better framework for continued work. If you are relatively new to the position or if you are trying to implement a consultation service to teachers for the first time, you will also have an opportunity to share your conceptual framework.

Example II (outside consultant): You receive a telephone call inviting you, as a staff member of a mental health clinic, to consult with a local police department. The brief conversation suggests that their needs and your role qualify you to schedule a meeting at the police department with the chief administrator of the department. The meeting proceeds as follows:*

1. Determine what problem(s) or needs the department sees that they desire to work on. For example, do they desire human relations training, collaborative consultation, or an expert to "shape things up?"
2. Discuss what solutions have already been tried to make the desired change.
3. Explore the discrepancy between the present situation and the desired situation and the related beliefs which have caused them to decide that a problem exists.
4. Share your conceptual framework, and the framework of the clinic you represent as to how you work as a consultant.

A. Considerations regarding Entry for the outside and inside consultant

1. Develop a temporary contract or agreement on what you will do and what the consultee(s) will do. It is important to discuss each other's expectations so that any unrealistic expectations can be clarified.
2. Discuss and reach agreement on the kind and level of support needed to make the consultation project successful, such as:
   a. levels of commitment to solving the problem.
   b. conditions required to gather, analyze, synthesize and utilize the information gathered.
   c. resources needed, i.e., time, space, materials, expertise, etc.

*These same steps are appropriate for the inside consultant.

d. utilization of sensitive findings.

e. criteria to be followed for processing and utilizing confidential and general feedback data.

3. Describe the importance of making adjustments as consultant and consultee(s) gather more information and gain more insight into the problem(s) and potential solution(s).

4. Discuss potential beginning dates, and, if possible, determine when the consultee believes the problem should be solved. Sometimes a great discrepancy exists between consultant and consultee regarding the amount of time required to solve the problem.

The entry process can take a few minutes (especially for an inside consultant doing individual consultation) or several hours and weeks if many persons are involved in this early process.

B. Considerations regarding the consultant-consultee relationship and contract.

In some ways the characteristics of the relationship and the characteristics of a contract blend together toward the end of the entry stage. In considering the larger social system, the consultant should determine with his consultees the norms which currently exist for solving problems in general, but more specifically for solving problems similar to those being discussed. To help the consultant to clarify this process, we present two points of view. First, Havelock (1973) states that "good relationships have no formula" but that certain "properties" (p. 55) do seem to be in common. The following nine terms may serve as criteria for the consultant and consultees to determine their progress:

1. *Reciprocity*—two way flow of information with importance placed on "give" and "take."

2. *Openness*—willingness to seek, receive and share ideas, constraints and support.

3. *Realistic expectations*—avoidance of overselling a process or model.

4. *Expectations of reward*—early tangible evidence of how proposed changes could improve the quality of life for the consultee.
5. *Structure*—defining roles, procedures and expected outcomes which should occur during this time. These also help in the early development of the contract.
6. *Equal power*—equalizing power between consultant and consultee to expedite mutual solution of problem.
7. *Minimum threat*—consultant must recognize that change is often perceived as a potential "disturbance" before being considered as a "benefit."
8. *Confrontation of differences*—differences must be identified and worked on as a mutual part of the process. High trust and mutually beneficial outcomes will usually follow such confrontation sessions. It is important to confront ideas and not personalities at this stage.
9. *Involvement of all relevant parties*—minimally, the identified influentials must know that the consultant is working in the system, and agree that the consultant should be there.

Caplan's term for an "ideal consultation relationship" is "coordinate interdependence, in which each side both gives to and takes from the other" (Caplan, 1970, p. 80). He points to several considerations regarding the development of the relationship between consultant and consultee. This process is quite different from that engaged in by a therapist with his client, as explained below:

> In contrast to the technique of uncovering types of psychotherapy, which seek to promote the insight of the patient into the nature of the subjective basis for his perceptions and the personal sources of his distortions, the consultant seeks to support and maintain the defensive displacement of the consultee's problems onto the story he tells about the client. The psychotherpaist, therefore, often confronts the patient with evidence of distortion in his story and forces him to try to under-

stand his feelings about the issues, and the source of these feelings in his current or past experience.

The consultant, on the other hand, studiously avoids raising any questions about the authenticity of the consultee's perceptions of the client's case, and keeps the focus of their discussion on the client rather than upon those who are discussing him (p. 85).

Accepting the responsibility for building the relationship between himself and the consultee, the consultant directs the process, deciding which aspects of the consultee's conversation ought to be encouraged in accordance with the specified contract.

Argyris (1970), in his view of the intervention relationship, "focuses on how to maintain, or increase the target system's autonomy." "This view values the client system as an ongoing, self-responsible unity that has the obligation to be in control of its own destiny." The consultant aids an organization "to become more effective in problem solving, decision making, and decision implementation" so the members can continue to improve these qualities with decreasing need for help. When doing group and organizational consultation, the consultant "must be concerned with the system as a whole even though his initial contact may be made with only a few people; he focuses on those intervention activities that eventually will provide all the members with opportunities to enhance their competence and effectiveness."

Argyris (1970) discusses several conditions to be faced by an interventionist in his relationship with the client. "The most fundamental condition is the tendency toward an underlying discrepancy in the behavior and values of the interventionist and the client, and in the criteria which each uses to judge effectiveness. These discrepancies will tend to be low in the routine activities and high in the innovative activities—the activities that are most relevant for change."

C. Considerations regarding the consultant-target relationship and contract.

Some of the most important considerations faced by a consultant have to do with how he ought

to go about building a relationship with a consultee organization, and Caplan (1970) discusses several of the ways in which this relationship may be fostered.

The first consideration has to do with the consultant's representation of his own agency. In this respect, he "must consciously shape his own actions in line with the policies of his agency, and must keep its staff informed of the progress of his operations so that they may have an adequate opportunity to guide him and to articulate their work with his" (p. 49).

Secondly, the consultant must communicate with those in positions of authority in the institution he enters. According to Caplan, (1970) if the consultee is hesitant about this contact, a statement should be articulated, such as "In our agency we have a rule that we must always make a call on the director of the institution that we enter, in order to introduce ourselves, tell him about our agency, discuss our purpose in his institution, and get his formal permission to remain in his domain" (p. 49).

A third consideration for the consultant concerns his quickly learning as much as possible about the system he is entering, "in order to elucidate its authority and communication networks" (p. 50). This task involves using other persons or groups as information sources in addition to the person or group that initially asked for his services.

Another consideration which must be faced by the consultant involves articulation of "groundrules for collaboration" (p. 61). This task is one which must be repeated during the process of consultation:

> At each stage the consultant should ensure that his current role is clearly defined and that the institution staff knows what kinds of situations are appropriate to discuss with him and what they may expect from the collaboration (p. 61).

The role of the consultant should be understood as a part of the contract between him and institution. Although the contract will probably not be a legal one, "there has to be negotiation between consultant and consultees that leads to a formal or informal agreement, involving sanctioned mutual behavior and some sort of exchange of goods or services (p. 63). Of course, the contract may be thought of as changing as the consultation process progresses."

D. Summary

In conclusion, we list a few general guidelines for the consultant to consider while working on the entry process:

1. Remember your role definition.
2. Stay within your conceptual framework.
3. Don't confront the consultees about their behavior; focus upon issues.
4. Don't become part of the problem which you are helping to solve. Don't own the problem—you are only a collaborator to help solve it; don't become involved in organizational issues of policy changes, power struggles, etc.
5. Plan on some defensiveness and resistance. Unless resistance is so high that general dysfunction is evident, focus on the problem(s) which the consultees are trying to define first. You can work up to focusing on the behavioral norms of the person, group or organization as the consultation process unfolds.
6. Plan on some discrepancy between consultant and consultee perceptions. It is your role to help clarify these potential discrepancies.

PHASE II—PLANNING

STAGE 3—Gathering Information—The gathering of additional information as an aid in clarifying the presenting problem.

Most consulting models have an early stage of gathering additional information to confirm the presenting problem. Sometimes the original problem statement is found to be only a symptom of the problem or only one part of the problem, in which case more information is helpful to expand and validate the problem definition. Hence it is important that the consultant's and consultee's rules in this information gathering process be defined and agreed upon.

The first step in developing this definition is to survey the problem the consultant and consultee are confronted with at this stage in the consultation process. We have found that the telling facts in any given consulting situation do not stand out and beg for definition. It is the consultant and consultee, through their ordering of the facts, who determine the significant from the non-significant. Because the conceptualization of the target system lies in the minds of the consultant and consultee, it is important to look at the kind of patterns they use to gather information. In some consulting situations the difficulty in solving a problem might not lie in the realities of the consulting system but in the peculiar ways the consultant and/or consultee begin to look at it.

All of us, because of our past experience, place emphasis on certain situations while totally ignoring others. It is not our purpose to change this state of affairs but to bring to the consultant and consultee a more conscious awareness of the areas upon which they tend to focus. If a problem in a school system is always seen as a "people" problem, e.g., inappropriate communication between students and teachers, there may never be a chance to look at the "technical" problems such as the lack of instructional equipment which may be having an effect upon the performance of the system. Likewise, if problems within a school are always looked at as outgrowths of an inadequate decision making structure no time will ever be spent analyzing the interpersonal communication skills of the people involved. The list could go on and on, but as you can see the consultant and consultee, in order to focus attention on certain information, reject and many times ignore other information sources. The process of rejecting certain ideas is in many cases inevitable, but to ignore certain content because of

biases or lack of awareness of it, decreases the consultant and consultees' ability to bring about change in the target area. If you can only see "people" problems, you will only be able to solve "people" problems.

What we would like to highlight is a picture of a target system which presents a more complete description of all of the content involved. The model is made up of four dimensions—purpose, framework, methodology, and psychosocial (Kast and Rosensweig, 1973). The definition of a target system depends upon the interaction of these four variables, and the solution of the target's problems depends upon one's perception of and ultimate focus upon one or more of these variables.

Figure I presents this four part model of the target system followed by a description of the types of information which need to be gathered from each part.

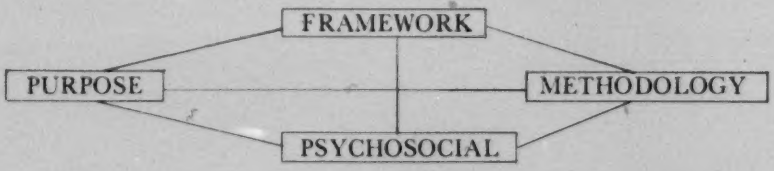


Figure 1

Definition of each Dimension:

Purpose—the values and goals of the target system.

Framework—the structure which influences the roles and patterns that govern the formal relationships and duties of the target system.

Methodology—the means for accomplishing the objectives of the target system.

Psychosocial—the inter and intra-personal dynamics of the individuals in the target system.

We have found these dimensions provide guidelines for determining the type of information needed when initially looking at the target system. Each of the four dimensions has a wide variety of topics that can and should be defined. But it

is our purpose here to present only four possible areas which could be explored in each of the dimensions. These areas are not prescribed as exact questions which can be asked of the consultee or target population but more as questions to ask yourself, as the consultant. It has been our experience that these four charts stimulate other questions which can be directed towards the consultee and the target population.

CHART I

Dimension: PURPOSE

DEFINITION: "The values and goals of the target system"

Question I: What is the system's general goal?

Response Continuum:

Maintenance		Growth
"Let's stay where we are."		"Let's evolve in order to better fulfill our purposes."

Question II: What is the system's general value?

Response Continuum:

Predictability		Adaptability
"I want to know what will happen before it happens."		"I want to be ready for whatever happens."

Question III: How are the goals and values determined?

Response Continuum:

Vertical participation		Horizontal participation
"I will tell you why we are here."		"Let's work together to describe why we are here."

Question IV: What is the general state of the purpose?

Response Continuum:

Inflexible		Flexible
"This is always our stance."		"Our stance is determined by the environment we deal with."

CHART II

Dimension: FRAMEWORK

DEFINITION: "The rules and patterns that govern the formal relationships and duties of the target system"

Question I: Where are the decisions made?

Response Continuum:

Concentrated _____ Distributed
"Decision at the top" "Decisions throughout"

Question II: What are the authority roles based upon?

Response Continuum:

Based on position _____ Based on knowledge
"The president knows best." "The president seeks information."

Question III: How much interdependence is there between jobs?

Response Continuum:

Low _____ High
"Do your own thing." "Do your own thing with others."

Question IV: What is the general nature of the rules in the system?

Response Continuum:

Many and specific _____ Few and general
"I'll let you know when, where, and how to do the job." "I'll give you the support you need to be creative and productive."

CHART III

Dimension: METHODOLOGY

DEFINITION: "The means for accomplishing the objectives of the target system"

Question I: What is its general nature?

Response Continuum:

Repetitive _____ Varied
"Always do the same thing." "Do different things."

Question II: What type of knowledge is necessary in order to use the method?

Response Continuum:

Specialized _____ Generalized
"Know only my portion of the process." "Know the total process."

Question III: How much interdependence is there between the methods used?

Response Continuum:

Low _____ High
"Methods used independently." "Methods are interdependent."

Question IV: How do the methods affect the people who use them?

Response Continuum:

Defines role _____ Aids in carrying out role
"The tools influence you." "You influence the tools."

CHART IV

Dimension: PSYCHOSOCIAL

DEFINITION: "The inter- and intra-personal dynamics of the individuals in the target system"

Question I: What is the leadership style of the system?

Response Continuum:

Autocratic _____ Democratic

"I'll tell you what to do." "Let's decide what needs to be done."

Question II: What type of interpersonal relationships exist in the system?

Response Continuum:

Formal _____ Informal

"Mr. and Ms. Job Holder" "Joe and Sally"

Question III: What motivates the personnel?

Response Continuum:

Extrinsic _____ Intrinsic

"I'll do anything for a price." "That really makes me feel like I've accomplished something."

Question IV: What kind of commitment do the personnel have?

Response Continuum:

Low _____ High

"That's their problem, I only work here." "I want this place to be the best."

As was stated earlier, the purpose of this four-fold picture of the consultee system is to give the consultant a more complete awareness of the situation in which he is working. Most of us, because of our past experience, tend to place a greater emphasis on some of the areas than on others. Neglecting to examine *all* the information relevant to a problem may put us at a disadvantage throughout the consulting relationship. The preceding model presents a picture of the major dimensions within a target system. With this fuller conception of the consultee's system in mind we move on to some guidelines for determining the procedures needed to obtain information concerning each of the dimensions.

The process of gathering information (data) can be operationalized into many forms. Here are a few:

1. The consultant observes consultee or target behavior based on some agreed-upon criteria and procedure.
2. A questionnaire can be used; this is often developed with the consultee(s) and prepared specifically for the situation.
3. Interviews can be conducted utilizing a prepared interview schedule.
4. Existing information, including statements about policies and procedures, is used.
5. Responsive evaluation is conducted.*

Regardless of the assessment procedures followed, agreement should be reached with the consultee(s) on all criteria and procedures including a) how will the information be analyzed; b) who will conduct the analysis; c) who will receive copies; d) and most of all, how will the data be used. (We emphasize the question of data use because sometimes negative findings are avoided and filed away. These may well be the data needed

*Responsive evaluation was developed through the Midwest Center Consortium as an alternative mode to problem solving. The assessment phase of this process was described by Robert Wolf as "a technique called Portrayal." Portrayal allows audiences themselves to interpret and judge the program by means of the natural ways in which people assimilate information and arrive at an understanding.

to redefine the problem and move toward solving the main problem as well as others.) In most cases, the consultant assists the consultee(s) in answering these questions, but the consultant seldom performs the diagnosis. There are times, however, when the consultant(s) may carry out some or all of the above stated steps, once agreement has been reached on the process and criteria with the consultee(s).

Havelock (1973) suggests that, ideally, the change agent* "should provide guidance while the client makes his own diagnosis so that the findings are acceptable by virtue of being his own conclusions." In this regard he summarizes the key points to consider in formulating a diagnosis:

1. Above all, make some kind of diagnosis. Try to find out what the client needs before you charge in with solutions.
2. Identify and list the obvious symptoms as stated or presented by the client.
3. Look for second-level symptoms which may underlie the obvious ones.
4. Infer underlying causes when you see patterns of symptoms but do not assume them when you lack sufficient evidence.
5. Identify opportunities and strengths as well as problems and weaknesses.
6. Look at your client group as a "system" and construct a diagnostic inventory from a systemic viewpoint.
7. Work with your clients to establish meaningful, obtainable, and measurable objectives.
8. Try to get maximum participation from members of the client system in the diagnostic process.
9. Always consider the impact of diagnostic information on your relationship with the client. Even if you must confront the client with unpleasant facts about himself, try to do it constructively, stressing the benefits of changing, rather than the horrors of his

*Change agent is used as consultant in this context and client is used as consultee.

present state, and using specifics, not general and sweeping indictments. (Havelock, 1973, p. 75)

In conclusion of the information gathering stage, Havelock (1973) lists some common pitfalls to avoid when making a diagnosis:

1. Too much diagnosis.
2. Diagnosis as a pattern of avoidance.
3. Using the diagnosis for destructive confrontation.
4. Imposing your own favorite diagnosis.
5. Fire fighting; [attending only to those problems which the client sees as immediate and important.] (Havelock, 1973, p. 72)

STAGE 4—Defining the Problem—Examination of the assessment information in order to determine the goals for change.

In most cases, a presenting problem has been defined; this stage, then, becomes a time for clarifying and redefining. It is one of the most critical stages, because if the problem to be solved is not clearly defined and agreed upon by the consultee(s), ambiguity and passive resistance tend to occur throughout the remainder of the consultation process.

In some consulting situations there is hesitation on the part of the consultee to engage in the problem definition process. The cause of this hesitation, many times, can be traced to a lack of insight into the problem definition. Koberg and Bagnall (1972, p. 61) list eight phrases which they feel bring clarity to this sometimes vague process.

Your problem definition is:

1. your value statements regarding the problem situation.
2. the truth as far as you know it at the time.
3. your current understanding of the problem.
4. your expectations.
5. your underlying or foremost meaning of the problem.

6. your "title" for your problem.
7. your clearest intention; your ultimate goal.
8. your index for decision making; the mold or die through which all your decisions will pass.

In almost all cases, the problem statement should be written so all involved can read, clarify, and modify, if necessary. The principle followed here is that *the problem, as it is defined, becomes the goal for change.* This goal then becomes the point of reference during the subsequent stages of the consultation process. So what we have in this stage is a written statement(s) describing the problem to be solved, discovered from the initial problem statement and the completion of the diagnosis. It is our belief and experience that the problems to be solved will sometimes slip away if there is not a high priority placed upon defining, redefining, validating, and gaining agreement.

STAGE 5—Identifying and Selecting Alternative Interventions—The analyzing and the synthesizing of information in search of the best solution.

Now that the problem is defined and agreed upon, our next step is to search for the best interventions or solutions for solving it. What happens during this stage is a creative idea sharing process.

Osborn (1963), the founder of brainstorming, developed four principles for guiding this process, which are:

1. *Criticism is ruled out.* Adverse judgment of ideas must be withheld until later.
2. *Free-wheeling is welcomed.* The wilder the idea, the better; it is easier to tame down than to think up.
3. *Quantity is wanted.* The greater the number of ideas, the more the likelihood of useful ideas.
4. *Combination and improvement are sought.* In addition to contributing ideas of their own, participants should suggest how ideas of others can be turned into better ideas; or how two or more ideas can be joined into still another idea (p. 156).

Along with the development of this creative environment for idea production, the consultant and consultee must decide whether they will focus on changing people, purpose, framework, or methodology, or introduce changes in each of the four dimensions. Nevertheless, after selecting the category or categories, he needs to explicate the possible solutions within each category.

Let's assume in a school situation that you, the consultant, and the consultee(s) decide on the category as the most appropriate. Whose behavior change will most efficiently and effectively solve the problem? Do we change the principal's behavior, who then changes the teacher's behavior, who subsequently changes the child's behavior? Traditionally, focus has been mostly on the child's behavior, that is, "adjusting the child to the system." It is apparent, however, that the solution of many child-behavior problems requires changes in adult behavior, and/or changes in purpose, framework, or methodology. The intent of this stage, then, is to alert the consultant and consultee(s) to the importance of generating intervention and solution proposals and predicting the consequences which will occur if one or the other is selected.

PHASE III—PRODUCING

STAGE 6—Stating Objectives—Who does what to whom by when with what degree of success.

Havelock (1973) stresses the importance of the consultant and consultee working together to develop meaningful, obtainable, and measurable objectives. Many consultants have stated that if the objectives to be achieved are developed clearly and specifically with the consultee(s), oftentimes little else need be done to move toward solving the problem. There seems to be little doubt that clearly stated, obtainable, and measurable objectives are needed. There does seem to be some lack of clarity as to the exact structure of those objectives.

An objective, as used in consultation, is a statement of a desired outcome or accomplishment that can be measured

within a stated time period and within specified conditions. A complete objective should also include the following information:

1. *Criteria or standards to be met.*

   Examples: a) how "open" is an open problem-solving climate?
   b) how much, how many or how long is enough?

2. *Procedures and activities.*

   Examples: a) who will receive special treatment?
   b) will a committee be formed?
   c) how will the committee be formulated?
   d) what are the functions of the committee?

3. *Resources which are available or required.*

   Examples: a) time
   b) people
   c) materials
   d) space
   e) budget
   f) expertise

4. *Time lines to be followed.*

   Examples: a) when will we begin?
   b) time needed for each activity
   c) when will we have met the objective?

Sample Worksheet for Writing Objectives

We have found that when working with more than one or two persons, it is best to utilize large sheets of newsprint to begin writing objectives. Figure 2 is one example of the format that we follow.

State Objectives here:

Practice writing one objective which, when achieved, will solve one of the problems you have defined. Check your written statement against the definition. Does it state a measurable, desired outcome? Now go to the columns below and fill in each one for this one objective. You may find that a long list of activities and procedures are required to meet one objective. You may also find that due to limited resources the standards may need to be lowered or the time lines extended.

State criteria here	List activities and procedures here	List required resources here	State time lines here
List the actual level at which you expect to meet the objectives.	List all major activities and the related procedures which will be needed to meet the objective.	Review each activity and procedure and then state the type and quantity of resource required to carry out each of these functions.	Review each activity, procedure, and stated resource and then list starting dates, amount of time required for each and the ending date.

The importance of specifying objectives is directly related to the complexity of the problem. The more people involved in solving the problem, the more emphasis is needed on writing objectives for all to see and agree upon. Many consultations have failed not because of the quality of work of the consultant or consultee, but because the objectives (problem, criteria, activities, procedures, persons responsible, and time lines) were not stated and agreed upon.

When this stage is completed you will have what might be called a *Consulting Plan of Action*, whether it is a very simple oral agreement between two people (individual level) or an elaborate operational definition (organization level).

STAGE VII—Implementing the Plan—Application of the intervention following the guidelines of the objectives.

As is obvious by now, this stage is to get things started. Stage VI "objectives" will tell you what to do, when, how and above all who is responsible for what. At this stage, it is important for all involved to *know* and *accept* that adjustments in time, resources, etc., may be necessary as you move along. These adjustments should be subsequently attached to the Plan, either by an informal agreement or by more formal procedures such as scheduled meetings to modify the Plan.

Broke (1975) presents a 10-item checklist which helps to clarify this adjustment process. We have selected five factors which are prominant to this stage:

–"Determine the effectiveness of each function and task and consider contingency implementations."

–"Solve unforseen problems that may have" . . . been generated by conditions external to the plan.

–"Develop new or additional functions and/or tasks."

–"Modify existing functions" . . . that might fit into the plan in a more functional manner.

–"Assess the degree to which the time-line is being followed."

This process interacts with the next phase, the evaluation and termination of the consultation process.

PHASE IV–PHASING-OUT

STAGE VIII–Evaluation–The monitoring of the ongoing activities (process evaluation) culminating with the measuring of the final outcome (product evaluation).

Process Evaluation: The Phi Delta Kappa (PDK) Committee on Evaluation (1971) defined process evaluation as a procedure through which:

> information is delineated, obtained, and reported as often as project personnel require such information, daily if necessary–especially during the early stages of a project. This provides project decision makers not only with information needed for anticipating and overcoming procedural difficulties but also with a record of process information for interpreting project attainments. p. 232

Following this definition the purpose of process evaluation is:

1. to focus early attention on possible defects in the plan being implemented or in the operational procedures of the implementation stage.
2. to obtain information needed for accurate and objective decisions.
3. to maintain a record of implementation procedures and activities.

The essential requirements for process evaluation are:

1. provision for a process evaluator role (self or other).
2. methods identified for gathering appropriate data.
3. regular meetings scheduled between process evaluator(s) and implementation personnel, if different.
4. frequent updating of the Plan, if appropriate.

Product Evaluation: The PDK Evaluation Committee defines product evaluation as an interrelated part of process evaluation. The definition is:

> Product evaluation investigates the extent to which objectives have been or are being attained; process evaluation assesses the extent to which procedures are operant as intended. Both types of evaluation provide feedback for controlling and evolving change procedures in process. Process evaluation makes it possible to determine if the actual procedure is discrepant from the design, and product evaluation assists in determining whether objectives are being attained. (p. 233)

The purpose of product evaluation is:

1. to measure and interpret attainment during and at the close of the consultation process.

The essential requirements for product evaluation are:

1. verifying operational definitions of the change objectives.
2. applying criteria relating to these operational definitions.
3. comparing these measurements with pre-determined standards.
4. interpreting the outcomes using information gathered throughout the previous eight stages.

STAGE IX—Termination—Agreement to discontinue the efforts of the consultant, keeping in mind the effects of the consultant are expected to continue.

The guidelines for terminating the consultation role should be directly related to Stage VI - Objectives and Stage VIII - Evaluation. That is, given the agreements and subsequent adjustments, we will terminate when we have met the objectives as stated. It is very important to use the information gained through evaluation in making this decision. With this information, it can be decided if the criteria have been met as stated; what adjustments were made, and what adjustments might have been made to improve the outcome? Termination does not mean that we just stop doing what we have been doing. It may mean that we have met the objective(s) and there is no longer a need for consultation or we have failed to meet the objectives and a decision needs to be made regarding further consultation. This decision might be to redesign and "go again," to delay further activities indefinitely, or to fully terminate.

FACTORS RELATED TO INDIVIDUAL, GROUP, ORGANIZATION, AND COMMUNITY CHANGE

In the previous sections, we have alluded to some important principles and practices for the consultant to consider in developing his own consultative style. But to overlook some of the major writers and forces, which combined to shape consultation practice today and which continue to exert influence, may be to mislead the beginning consultant unfamiliar with the literature. For this reason, we are including several topics which, we believe, are essential to the consultant.

We begin with a discussion and summary of the literature on "resistance to change"—important considerations for the consultant who finds himself performing as a change agent. Included in this summary is a selection from the final report of a consortium project which had utilized these change factors in its design. The report testifies, in a sense, to the impact of impediments to change (as opposed to factors which allow change) on any project with change-oriented goals.

For those readers who will be acting as consultants to organizations, we include an outline of the principles of "Organization Development" (OD), an approach which has gained much favor and a good-sized following from consultants. In the appendices to this monograph, the beginning consultant will find, as well, a catalog of additional tools, skills, and techniques which may prove useful within the contexts of various consultative tasks.

Since much of this material may already represent common knowledge to some of our readers, especially to experienced consultants, we invite those readers to simply proceed to the final section on "training," comprised mainly of material published here for the first time.

RESISTANCE

Individuals who work as change agents, or as consultants helping persons and subsystems within organizations to improve

their performance, are aware of the many types of resistance which people can use as barriers to change. A list which summarizes the main types of resistance to change appears in Walton (1973). Nearly any resistance which surfaces during attempts to effect change could be explained in terms of one of these three categories.

> *Fear of Unknown*: the feeling that only the status quo, the known, is safe, stable, secure, and certain: a feeling often justified by the absence of skills, experience, or the capacity for action necessary to carry through the proposed change.
>
> *Existing Satisfactions*: the reluctance to give up familiar types of satisfactions or vested interests in the status quo whereby any change would apparently mean a personal loss.
>
> *Conflict of Interests*: the experience of competing demands arising from involvement in other groups and relationships external to the situation in which change is proposed as well as any threat to the present traditions, standards, and values of a person or group (Walton, 1973, p. 684).

A longer list entitled "Specific Obstacles to Surmount" has been compiled by those "change conscious educators" who participated in Action Lab ## 6 of the Association for Supervision and Curriculum Development (A.S.C.D. 1971). These are called "impediments to exemplary curricular and organizational change" and are arranged in descending order of importance.

1. Lack of practitioner knowledge of how to use and evaluate innovative programs.
2. Conflicting educational attitudes, beliefs, and preferences among educational role incumbents involved in an innovation.
3. Fear of being incompetent in an innovative program rather than comfortable in a traditional approach.
4. Realization that innovation means more work and additional work is not enticing.

5. Minimal day-to-day communication between the many individuals and subgroups involved in a change effort.
6. Non-decisiveness of evaluation, in that evaluative findings rarely answer important questions but represent much extra work.
7. Insufficient financial resources to support longitudinally the innovative effort.
8. Failure of school and campus administrators to provide leadership for educational innovation.
9. Absence of a representative decision-making process involving various people to be affected by a change.
10. Failure to determine current campus or public school educational needs before selecting an innovation for implementation.
11. Fear that to support an innovation is to admit that the "old way" is a failure.
12. Lack of a specific, detailed strategy for the innovation which clarifies responsibilities and activities.
13. Poor conceptualization and poor design of some innovations.
14. Extreme decentralization and dispersal of decision-making power to the point where no person assumes responsibility for the quality of the effort.
15. Resistance of the citizens of the school community to innovation and/or the cost of innovation.
16. Reluctance to relinquish one's leadership or influence in an old program to a colleague who will champion the new program.

Goodwin Watson (1969) discusses opposition to change from the point of view of individual personality and social systems. He points out that, "the forces of the social system operate within the individuals and those attributed to separate personalities combine to constitute systemic forces. The two work as one" (p. 489). Watson (1969) presents several considerations

that persons attempting to bring about change in education ought to be aware of.

1. "Homeostasis" (pp. 489-490)—Although there may be physiological and psychological forces within us which work for homeostasis, or a return to a balanced state, there also exists a human need for change. Some persons respond to change temporarily; however, many revert to their former ways of doing things after a certain period of time. This tendency is one which is problematic within the field of education; the challenge posed is how to bring about change which lasts until the cycle of renewal begins again.

2. "Habit"—We have no wholly correct basis for predicting which habits will show most intrinsic resistance to change (p. 490). When a practice which prompted resistance becomes common, just as much opposition may arise in regard to changing it as there was prior to its adoption.

3. "Primacy" refers to the tendency we have to follow a pattern in responding to similar situations. An example of this tendency is the fact that in spite of training many teachers rely upon methods used by their own teachers. Their ideas concerning teachers are based on all of their own experiences as children, "and whenever they hear or read anything about better teaching, this is assimilated to that early and persisting concept" (pp. 490-491).

4. "Selective Perception and Retention" (p. 491)—These tendencies are somewhat similar to primacy in that "once an attitude has been set up, a person responds to other suggestions within the framework of his established outlook" (p. 491). Attitudes based on stereotypes may represent a barrier to change which is difficult to overcome. Because selective perception and retention operate so extensively in the human personality, "there are relatively few instances in which old prejudices have been changed by better information or persuasive arguments" (p. 491).

One explanation he gives for the reluctance people exhibit in regard to change is based on Freud's conception of the Superego. In Freud's terms, the development of the Superego

insures that a child accepts the taboos of his parents. Even as an adult, "an individual needs considerable ego-strength to become able to cope realistically with changing life situations in disregard of the unrealistic, perfectionistic demands of his Superego" (p. 492). Watson (1969) goes on to say that, "there is reason to believe that people who choose occupations in which they try to inculcate higher standards in others (clergymen, teachers, law-enforcement) are persons with extra strong Superego components" (p. 492). If one accepts Freud's theory of the development of human personality, as a consultant he may wish to develop special techniques for dealing with this sort of resistance to change.

5. "Self-distrust"—The combination of the child's dependency upon adults and the development of the Superego results in our learning early in life that going on our impulses usually means going against the ways in which adults would have us behave. He suggests that the inculcation of this attitude contributes to the fact that although many persons associated with schools, i.e., students and/or parents, may wish to bring about changes, most of them take the attitude that their ideas are insignificant compared to the established norms of the institution.

6. "Insecurity and Regression"—Persons become insecure when they are faced with problems which they cannot solve with their traditional approaches. The tendency at such a time is to revert to a former way of doing things, rather than to experiment with new approaches. Watson (1966) cites racial desegregation as an example of a problem which necessitates changes in school organization. When such a problem arises, he says, "The reactions of insecure teachers, administrators and parents is, too often, to try to hold fast to the familiar or even to return to some tried-and-true fundamentals which typify the schools of the past" (p. 493). An example of this tendency which has grown out of the desegregation of the schools is the return to private academies as an alternative to the public schools.

7. "Systemic and Cultural Coherence" (p. 494)—Emphasis on coherence means that attempts to effect change in any part of a system must also take into account the rest of that

system. In an attempt to clarify this point Watson (1969) presents the following example. "A change in teacher-pupil relationships is likely to have repercussions on teacher-principal interaction, on parent-principal contacts, on pressure groups operating on the Superintendent, on Board member chances for re-election, and perhaps on the relationship of the local system to state or federal agencies" (p. 495).

Resistance comes about most readily, however, as a result of the "Vested Interests" (p. 495), of the persons making up the system. If proposed changes threaten interests based on economic or prestige concerns there will be barriers erected to thwart attempts to bring about the change.

8. "The Sacrosanct" (p. 495-496)—Even in instances in which a discontinuity exists between practice and what is regarded as the ideal, the ideal will be upheld if it falls within an area which the culture regards as sacred.

9. "Rejection of Outsiders" (p. 496)—This psychological characteristic frequently acts as a deterrent to change. It presents difficulty for consultants who are often outsiders to the institutions they are helping. "A major problem in introducing social change," Watson says (1969) "is to secure enough local initiative and participation so the enterprise will not be vulnerable as a foreign-importation" (p. 496).

In closing his comments on resistance to change, Watson (1969) includes a summary of recommendations. The recommendations are intended as useful principles, based on generalizations, and are organized according to three questions, (1) Who brings the change? (2) What kind of change succeeds? and (3) How is it best done?

A. Who brings the change?
   1. Resistance will be less if administrators, teachers, Board members and community leaders feel that the project is their own—not one devised and operated by outsiders.
   2. Resistance will be less if the project clearly has wholehearted support from top officials of the system.

B. What kind of change?
   3. Resistance will be less if participants see the change as reducing rather than increasing their present burdens.
   4. Resistance will be less if the project accords with values and ideals which have long been acknowledged by participants.
   5. Resistance will be less if the program offers the kind of new experience which interests participants.
   6. Resistance will be less if participants feel that their autonomy and their security is not threatened.

C. Procedures in instituting change
   7. Resistance will be less if participants have joined in diagnostic efforts leading them to agree on what the basic problem is and to feel its importance.
   8. Resistance will be less if the project is adopted by consensual group decision.
   9. Resistance will be reduced if proponents are able to empathize with opponents, to recognize valid objections, and to take steps to relieve unnecessary fears.
   10. Resistance will be reduced if it is recognized that innovations are likely to be misunderstood and misinterpreted, and if provision is made for feedback of perceptions of the project and for further clarification as needed.
   11. Resistance will be reduced if participants experience acceptance, support, trust, and confidence in their relations with one another.
   12. Resistance will be reduced if the project is kept open to revision and reconsideration if experience indicates that changes would be desirable. (Watson, 1969, p. 496)

Many of the change factors discussed by Caplan, Watson, Havelock and others were applied, tested, and evaluated in a

consortium project supported by the Education Professions Development Act (EPDA), the Midwest Center. The present authors have been actively involved in the direction, development, and dissemination of this project for the past three years.

While there are some similarities between change agentry and consultation work, we found it essential to clearly define any differences which existed between the two approaches. Our distinction rose to the surface at the POINT OF ENTRY. That is, instead of beginning from a "goal free" point of view, trying to determine how we could be helpful to the consultee(s), this project was formulated on a "goal directed" platform in that all institutions and people who became involved agreed that change was needed and that the EPDA guidelines were acceptable.

The following statements by Kurpius (1975) represent a summary of the overriding factors which produced "greatest" and "least" change in the EPDA project described above. The report is taken directly from *A Consortium Approach to Planned Change: A Review and Evaluation*, and is presented here as a case study.

The objectives of this project were related to the pressing need for universities and schools to renew their educational programs in the areas of pupil personnel services. Throughout the project we maintained the principle that school districts and universities had many common goals and resources to share. Initially we discovered that universities located inside the boundaries of a school district, or very near one, had made few attempts to systematically determine the mutual benefits of recognizing each other's needs and resources. The most revealing example could be taken from one of the major school districts in which we worked. Schools in that district hired most of their teachers from the nearby universities and then proceeded to retrain them during their first two years of teaching so they could function effectively in an inner city school. Ironically, both the school and university felt this constraint, but neither was able to develop a vehicle for defining and solving the above stated problem. EPDA con-

tributed significantly to bringing these two parties together to understand each other's purposes and subsequently to recognize the great benefits related to collaborative planning and feedback. What were the problems involved in moving from an independent working relationship to an interdependent relationship between schools and universities?

The approach selected by the Consortium was the planned change discrepancy approach—that is, taking what exists in the present situation and attempting to help those people most involved to develop collaborative plans which will move them toward a predetermined goal. As a result of this decision, each satellite agreed that:

1. *Staff, program,* and *organizational* renewal was needed at both the school and university level.
2. Desired changes needed to be defined and agreed on by all who would be affected by the change.
3. A systematic plan was needed to direct the change.
4. Evaluation and feedback were high priorities.

The one factor which seemed to be most closely linked to the overall gains made within the schools and universities emerged as the working climate or organizational environment which existed within a given unit or larger organization. Our experiences have indicated that there were two basic types of work climates found in both schools and universities. One climate could be defined as traditional, and could be characterized as linear, formal, and bureaucratic. The other type represented a more planned approach, with problems and interventions more closely defined and owned. In the first type of structure, loyalty to the organization and dependence upon its existing organizational patterns seemed to be primary. Generally these units seemed more insulated from new ideas coming from within the organization or from the outside. Planning, collaboration, and evaluation were considered threatening and therefore seldom practiced. Members who felt the need to be loyal didn't direct difficult questions to the proper source. Instead, they shared these concerns with the Center and continued to accept things as they were or negotiate only on individual

issues. We found that these settings and situations presented the greatest frustration among satellite staff members, since they implied unilateral decision making, obscure goals, high regard for conviviality, and low interdependence. These norms were reported as existing over a long period of time prior to the project. Due to the limited scope and resources, we had limited success in modifying these norms. We did, however, bring the supportive and restraining issues related to this approach to a much higher level of awareness for future change-oriented issues, and in some cases we did influence major change.

The second type of work climate was, in many ways, almost the opposite in nature. The units were organized in a less linear fashion, interacted less formally and were more problem solving oriented. They placed higher value on concepts related to planning for change; all members of the unit felt ownership of the problems that existed and shared in their solutions, accepted conflict as natural, and utilized the conflict in their day-to-day problem-solving activities. Commitment was considered more important than loyalty, and interdependence was valued over dependence and independence. At times, however, the staff members in these units were as frustrated as those mentioned in the traditional organizational structure, but for very different reasons. The primary difference was that plans and procedures did exist and were being implemented. Faculty of those units felt that rewards were distributed according to progress made with respect to their responsibility within the unit given the existing conditions, and not according to criteria standardized for all members or through personal relationships and "party line" membership. The single greatest difference was that high performance units did have an agreed-upon process for problem solving and well defined objectives for their unit.

While the define-and-solve units performed most effectively, no ideal organizational arrangements existed. Also, during change stages of units and organizations, no ideal organizational patterns could be predicted. However, we can be sure of one thing –a consistent interaction should take place

between the desired change and the existing situations. This is no easy task, since in most educational change programs a double-edged sword exists. That is, the "regular" program is going on at the same time that a new program is being implemented. And many times these are the same program. In fact, one of the reasons for supporting special projects is to allow certain people to focus on the development and change while others are attending to the issues of the day. Unfortunately, many times the two sets of activities are not differentiated and, as a result, two sets of forces emerge which resist each other and many times cancel out any potential growth. In these cases collaborative problem solving became difficult, and decisions were either made by a "trusted" few or allowed to drift until either the motivation to improve faded away or a crisis situation emerged.

Once again, in organizational units where norms existed which supported problem definition and solving, and where influential persons supported the objectives, greater change was possible. In the units not following a systematic plan our finding was that most of the schools and universities were operating on implicit program goals. In many cases, individual members had outlined their personal objectives for their part in the organization, but these seemed more associated with "how to make it" in the organization and less associated with the overall school or department mission. At the beginning of the project, few of the organizational units had a plan stating their plan of operation. Furthermore, there was great resistance against the satellite and Center staffs' requests for clearer program definitions.

At this early stage, there were old norms and patterns of behavior which were being challenged by each satellite. Obviously satellite staff were placed in a somewhat precarious position in relation to their non-satellite peers. Satellite staff (including school, community, university, and State Department) were starting to ask questions deemed appropriate but which had seldom been aggressively pursued before. As a result, early resisting forces were building, and the satellite staffs began to experience rejection of objectives and ideas

which had been agreed upon at an earlier time. Given the isolation satellites were experiencing, they tended to turn some of their doubts and concerns toward themselves, toward the Center, and ultimately toward USOE. The greatest concerns expressed at this time were:

1. Are our needs assessment data valid, reliable, and relevant?
2. How do we reach agreement within our own organization on the priorities which our needs assessment data suggest that we should establish?
3. How many more times will we need to reach agreement on the objectives before we find ownership and commitment from the organization?

Out of this experience we recognized three clusters of change agents which were working somewhat independently and often at cross purposes: 1) the satellite staff (made up of school, university, community, and State Department people); 2) back-home unit members not directly associated with the projects but belonging to the same school or university unit; and 3) during the early project stages, the Center staff.

At times each cluster was trying to influence the others while following different objectives, priorities, and criteria. The definition and acceptance of this phenomenon became the first step to modifying the change effort. Therefore, during this stage of consortium meetings we tried to clarify the complex maze of individual and group beliefs, organizational norms, old unsolved organizational problems which were surfaced by satellites, and old and new interpresonal relationships which were being tested, developed, or threatened.

Our intention at this stage was to try to define the issues and practices which caused the confrontations and then develop a plan to move beyond the confrontation and catharsis stages into the early stages of problem solving. The define and solve approach became a pattern of behavior which followed both between satellites and their sites and between satellites and Center. The ability of a unit to define and solve became one of the norms which emerged and which became highly correlated with meeting proposed project objectives.

During these phases of planning and replanning it was discovered, in some cases rediscovered, that certain organizational norms and membership behaviors could be associated with limited change outcomes while others could be associated with major change outcomes. The following list represents some of the most common conditions stated by members of the consortium as either supportive or resistant to their change objectives.

Conditions Producing Greatest Change	Conditions Producing Least Change
1) People committed to change objectives.	1) People committed to personal objectives.
2) People recognized the purpose for bureaucracies but didn't abuse their authority position.	2) When the change objectives placed stress on the points where the change was to occur, some leadership personnel retreated back to old patterns of behavior or relied on their position of authority as protection.
3) Recognized that changing others is perhaps a greater attraction than changing self or being changed.	3) Main focus on changing others.
4) Recognized that "no one has it together."	4) Viewed individual change plan or process as best.
5) Followed a systematic approach which satellite members and other members agreed on.	5) Followed an undefined approach, with oral commitments but low ownership of existing problems.
6) Institutional administration was perceived as highly legitimate, operated objectively, and interacted freely within the organization.	6) Institutional administration was perceived as political and inconsistent with behavior patterns which lacked definition.
7) Administration not only supported change cognitively but also modeled change.	7) Administration expected others to change while little change could be observed in administrative behavior.
8) Objectives were clear and agreed upon by all who would be affected. This required that criteria, procedures, needed resources and time lines be specified.	8) Objectives were vague and sometimes nonexistent. Agreement on objectives seldom practiced.

9) Existing organization norms supported change.	9) Existing norms suggested maintenance was a higher priority, e.g., low trust, insulated from the outside, decisions made by persons in positions of authority often lacking adequate data, organizational problems disowned by members, competition high, collaboration low, same problems reoccuring.
10) The larger system made provisions to accommodate the change processes and outcomes of the subsystem. (project and related departments and schools).	10) Subsystems struggled to develop adequate influence to induce change where needed.
11) An objective person(s) assisted in mediating very difficult change issues.	11) Persons in positions of authority collected information from individuals and then made decisions based on their own analysis.
12) Persons to be affected by the change viewed the change as increasing relevance and effectiveness.	12) Persons to be affected by the change formed counter-dependent groups to resist the change objectives even after agreeing on them.
13) Recognition that change is slow and often conflict producing.	13) Wanted immediate change and with little or no conflict. Perceived conflict as unnatural and harmful.
14) Dissatisfaction with the present situation is identified, defined and modified.	14) What we have has worked for us in the past—why change.
15) Commitment to people and to the purpose of the organization.	15) Loyalty to the organization and selected people.
16) Rewards based on performance related to agreed-on job definition.	16) Rewards based on personal relationships, traditional criteria or unreliable data.
17) Higher level administrators recognized distorted information and required clarity.	17) Higher level administrators did not recognize distortions, or if recognized, did not require clarification.
18) Nonstandard problems were accepted as part of the change process.	18) Nonstandard problems were considered disruptive to a smooth, conflict-free organization.

19) Interdependence of units is encouraged, although conflict producing at times.	19) Dependence on the organization and independent work was rewarded.
20) Group problem solving was a recognized norm of the organization.	20) Problems were avoided and undefined; many remained unsolved.
21) Importance of working as a unit is recognized and time priorities are made.	21) Important meetings are difficult to schedule due to individual personal schedules.
22) While in a committee or work group, members want to know the full meaning of all issues, even those which they may not want approved by the group.	22) Members are active when their own issues are being worked on and passive during work time on issues not personally interesting or rewarding.
23) Personal relationships are important at all levels of the organization. No personal gains can be linked to these personal relationships however.	23) Personal relationships with decision makers gain personal favors from them.

From this brief commentary it can be inferred that the school and university are more similar than different in their approach to self-renewal. There are, however, a few unique differences which we feel were important factors to this and other change oriented projects.

In some ways, trying to describe our experience with the university is an awesome task. First, a long history and tradition of change is associated with higher education in America. This history reports that change is slow, usually resisted, and often not systematically planned. Our experience supports these statements generally, but not uniformly, since some institutions or departments within institutions are more oriented toward planned change methodologies.

The most persistent obstacle we found was linked to the ideology which treats the academic faculty as independent professionals. If members of a faculty wanted the proposed change, they could volunteer to become involved. If instead, faculty wanted things as they presently existed, they would passively resist change by teaching the same courses in the same way with students reporting the same complaints. The

point here is that the university departments and units with which we worked were not noted for their ability to be innovative and responsive, but were better known for their past accomplishments. And even though some departments were currently in need of renewal, they continued to see the present in terms of the past, when what they were doing had been relevant. Hence, their frame of reference was in the past more than the present or future. The administration seemed to support the best departments and ignore the weakest ones. Maybe it was anticipated that they would become so bad that students would no longer enroll, which rarely happens, or become self-renewing, which also rarely happens.

We did not find any organized, faculty-approved approach to faculty renewal training, curriculum renewal or oganizational renewal. Most curriculum renewal was due to motivation and commitments of individual faculty who were occasionally supported by the institution; most faculty renewal occured either through self-direction or through replacements due to retirements and mobility (neither of which are currently viable processes); most organizational renewal was created by administration. We did find a high number of administrators, faculty, and students who desired to improve the present situation. But the history of most of the units implied that no planned change program existed which was highly supported, even though most of the universities had several funded and nonfunded change programs in process.

Since we represented one of these change processes, we were subject to the same resistance factors as any other change project. The degree of support we were able to gain was dependent on a number of variables. If the institution was highly fragmented and diffuse, we found it next to impossible to bring people together and reach agreement on a common set of objectives which would be approved and supported. However, if the needs, motivations, and readiness to change were present, and the timing of the project was very closely associated with the needs of the university, then pre-entry and entry stages with these institutions were easier than with institutions that were not feeling the press to change. Top

administrators were more available, special planning sessions were easily scheduled, and once commitments were agreed on, they were more likely to be carried out according to the conditions agreed on. Another variable we found to be a reliable predictor of potential support was the faculty members' knowledge about change, and how they conceptualized planned change. As was mentioned in the introduction, if one group perceived change from a human relations point of view (focusing on self, feelings, values, and process) and another group perceived change from a planned change point of view (change as a rational process requiring an organized plan of operation), resistance occurred which needed to be clarified. While some faculty and/or administrators follow a negotiating-bargaining approach, others follow a more rational-planned approach, and still others follow the collegial approach of trust and reciprocity.

Certain methods and approaches to entry worked better than others. We found it important to find faculty who were stable, permanent members of the unit. These people tended to know the characteristics of the system. Next it was important to demonstrate how the change would improve what existed, rather than suggest that what existed was faulty. Where this approach was followed, it became important to secure each gain before going on to the next step. If too much imbalance was created, time was needed to allow the change to be accepted before pushing ahead into new areas. We learned not to become disenchanted with the realization that objectives once agreed upon sometimes need to be renewed or revised. It is better to rewrite some of the objectives, or drop some out, than to continue with partial commitment; and if objectives are modified or dropped, it is equally important to make the changes known. Generally we found that it is better to experience success on a few objectives than to fail because of over-extention of staff and institution (Kurpius, 1975, p. 79-83).

ORGANIZATION DEVELOPMENT

One of the approaches a consultant may decide to use during the consultation process is referred to as organization develop-

ment or OD. Friedlander and Brown (1974),* in their comprehensive review of the OD literature, indicate that from their "perspective OD is a method for facilitating change and development in people (e.g. styles, values, skills), in technology (e.g. greater simplicity, complexity), and in organizational processes and structures (e.g. relationships, roles)" (p. 80). In accordance with this perspective,

> The objectives of OD generally can be classified as those optimizing human and social improvement or as those optimizing task accomplishment or more likely as some (often confused) blend of the two (p. 314).

Consultants working within systems interested in bringing about change need to consider Friedlander and Brown's view of organization development which,

> calls for a change in technology and structure (techno-structural) or change in individuals and their interaction processes (human-processual), rather than efforts to change only the people, only the structure/process, or only the technology of the organization (p. 314).

Their review of the literature supports their premise that, attempts to bring about change by working with only individuals, technology, or structure within an organization do not meet with success.

In addition to looking at organizations as being made up of "people, technologies and structures," OD may be explained from another viewpoint. Specifically, it

> is at once a set of personal values, a set of change technologies, and a set of processes or structures through which the change agent relates to the organizational system (pp. 315-316).

From this perspective,

> OD interventions can be described in terms of the degree to which they incorporate values of humanism, democracy,

*Friedlander and Brown completed a review of the OD literature in the *Annual Review of Psychology*, 1974, Vol. 25, pp. 313-341. This overview of OD was taken primarily from the publication.

> economics, and science; the degree to which they utilize such technologies as team building, job design, and survey feedback; the degree to which they incorproate collaborative or unilaterial relationships between change agent and organization; and the degree to which they are intended to optimize human/social benefit or productivity/performance objectives (p. 316).

Some views of the OD process are based on a more democratic and humanistic approach to man than others. The values and objectives associated with this more humanistic approach are:

> creating an open problem-solving climate, supplementing the authority of role and status with the authority of knowledge and competence, locating decision-making and problem-solving as close to information sources as possible, building trust and collaboration, developing a reward system which recognizes the organizational mission and growth of people, helping managers to manage according to relevant objectives rather than past practices, and increasing self-control and self-direction for people within the organization. (Friedlander and Brown, 1974, p. 316)

Relationship of OD Consultant to the System. Different views exist in regard to the relationship a practitioner of OD develops with the system in which he is consulting. One type of relationship is "unilateral-directive." If a consultant takes this stance, he "gathers data, analyzes it, reports his findings to senior management and recommends changes." If, on the other hand, a consultant wishes to develop a "facilitative-collaborative" relationship with the system he "helps others engage in exploration, diagnosis and development" (p. 316). This approach relates very closely to the Stages of Consultation listed on pp. 15 to 39 and to the process of collaborative consultation described on pp. 10 to 15.

According to Friedlander and Brown (1974), interventions which concentrate on human interaction or process are used by consultants who believe that organizations are more productive if persons in them are able to perform and interact in ways which take human aspects into account. Although they indicate that quality of human interaction and the degree of

productiveness do not always go together, different types of interventions which focus on the human element have been developed. They point to three types which have received the most attention in the OD Literature; specifically, survey feedback, team building, and intergroup relations development. Common assumptions on which these types of interventions are based are:

1) sharing information can be valuable, particularly when it hitherto has remained unshared but has influenced organizational processes (like some covert feelings).
2) confronting and working through differences among people who must work together can enhance collaboration.
3) participation in decision making can lead to increased commitment. (Friedlander and Brown, 1974, p. 326)

These strategies for organizational intervention are described below.

Survey Feedback. Survey feedback is defined as a process in which data is:

1) systematically collected (usually by questionnaires) from members of an organization,
2) analyzed in summary fashion, and
3) fed back selectively to organization members. (Friedlander and Brown, 1974, p. 326)

A summary of the findings regarding survey feedback indicates that its effectiveness:

> can be increased by collaborative involvement of the participants, participation of non-management, facilitation by an outside consultant, and specific decisions about follow up and action steps. There is evidence that survey feedback can be an effective "bridge" between diagnostic activities (e.g. interviewing or questionnaire administration) and active intervention, since its primary effects seem to be on attitudes and perceptions of the situation.

> But there is little evidence that survey feedback alone leads to changes in individual behavior or organizational performance (p. 327).

Team Building. Some research has been conducted in an attempt to assess the effects of team building, a type of intervention based on group development. In one study conducted by Schmuck, Runkel, and Langmeyer (1969) and reported by Friedlander and Brown (1974) the researchers:

> trained the faculty of a junior high school and compared the experimental faculty with the faculties of several similar schools. The experimental faculty reported more positive perceptions of the principal, the staff meetings, and the level of innovations in teaching, and they espoused more norms consistent with laboratory values than the controls (p. 328).

In his own analysis, Friedlander (1968) showed, "that the context in which the team building took place was very important."

> The quality of integrated prework and postwork processes surrounding the laboratory is a far more potent determiner of developmental impact than are variations in trainer role and behavior or differences in climate and content of laboratory training session (p. 328).

In addition, "intragroup trust" at the time team building was begun had an effect upon such activities:

> Initial intragroup trust was a better predictor of subsequent perceptions of group effectiveness and the worth of group meetings than the initial ratings on the same dimensions. But intragroup trust itself was not increased by training except when pre- and postwork with the consultant occurred (p. 329).

The design of studies based on group development are open to criticism, however,

> there is convergent evidence that group development activities affect participant attitudes and sometimes their behavior as well. These effects may also "spill over" in

some fashion to other organization members. It remains unclear, however, what mechanisms operate in successful team development activities, or what critical conditions must be satisfied for successful generalization of learnings outside the team, or what effects group development has on actual task performance (p. 329).

Intergroup Relations Development. The third area in which an OD consultant might work is referred to as "intergroup relations development" (p. 329). With this approach, the consultant concentrates on the relationships between subsystems in an organization, that is the points at which subsystems meet. These "interfaces between groups in an organization" frequently represent sources of conflict. The task of the consultant is to help those involved handle the conflict in a productive way. Friedlander and Brown (1974) point to Walton's (1968) suggestions for intervening in "intergroup conflict":

1. reduce the potential for conflict (e.g. change structure or personnel);
2. resolve substantive issues (e.g. make the decisions);
3. help manage manifest conflict (e.g. be a referee);
4. facilitate a change in the relationships (p. 330).

The tendency of consultants who concentrate on process variables in their interventions has been to rely upon managing or utilizing the conflict and helping to bring about changes in relationships, since they frequently do not have the power or the desire to exert the power required by the first two approaches listed above. As Friedlander and Brown indicate, "A more common approach has been to foster a general 'problem-solving' approach to the relations between groups" (p. 330). This approach "is the preferred outcome for both if the groups are interdependent" (p. 330).

Managing conflict and changing relationships require that a consultant assist with "information sharing, confrontation of differences, and working through to new understandings." As summarized by Friedlander and Brown (1974), and as developed by Blake and his colleagues,

> the prototype design requires groups to develop lists of their perceptions of themselves, the other group, and their views of the other group's perceptions of them, and then to use the lists as input to developing better understanding of each other and to creating future action plans (p. 330).

The actual effects of interventions directed at conflict between groups are not known, however. An aspect of this approach which needs attention is the role taken by a consultant in his work with the relationships between subsystems, since his "impact as representative of a group—a group external to and possibly a threat to his client—is not often considered" (p. 331).

The O.D. Process. A clear-cut discussion of the nature of organization development from the point of view of its "operational components" is included in French and Bell's *Organization Development: Behavioral Science Interventions for Organization Improvement* (1973). The components reviewed are: 1) "diagnosis," 2) "action," and 3) "process-maintenance" (p. 33).

The first step in the OD process is diagnosis. This step is essential because:

> OD is at heart an action program based on valid information about the *status quo*, current problems and opportunities, and effects of actions as they relate to goal achievement (p. 35).

There are two needs at this stage. One is for information which represents a valid picture of the way things are in an organization. The other need is for information which reflects the consequences of specific action which has been taken. This chapter contains a table indicating procedures for "Diagnosing Organizational Subsystems," which includes

1) the Diagnostic Focus or Target,
2) Explanation and Identifying Examples,
3) Typical Information Sought, and
4) Common Methods of Diagnosis (p. 36-38).

Suggestions are included in the table for an entire organization, for "Large subsystems;" "Small subsystems;" "Small, total

organizations;" "Interface or intergroup subsystems;" "Dyads and/or Triads;" "Individuals;" "Roles;" and "Between organization systems constituting a supra-system" (pp. 36-38).

Another approach to diagnosis is included in the table entitled "Diagnosing Organizational Processes" (p. 40). Specific organizational processes are listed with their accompanying "Identifying Remarks and Explanation," "Typical Information Sought," and "Common Methods of Diagnosis" (p. 40).

An OD consultant, of course, uses the approaches delineated in both tables simultaneously. If he is concentrating on diagnosis of problems in a particular subsystem of an organization, for example, he will of necessity scrutinize and gather information concerning the processes that subsystem does or does not engage in and the manner in which members participate in the various processes. The processes included in the table were chosen because of their importance in the operation of effective organizations.

In addition to the actual diagnosis which emerges, in OD *how the information is collected* and *what is done with the information* are also important. According to French and Bell (1973), the effectiveness of OD as a strategy for bringing about organizational change is associated with the aspects of the process described in the following:

> There is an active collaboration between the OD practitioner and the organization members about such issues as what target groups are to be diagnosed, how the diagnosis is best accomplished, what processes and dynamics should be analyzed, what is to be done with the information, how the data will be worked with, and how the information will be used to aid action planning (p. 39).

The second stage of the OD process is the action one. The term used to describe this stage is intervention. "Planning actions, executing actions, and evaluating the consequences of actions are an integral and essential part of most OD interventions" (p. 41). Unlike many training approaches, OD emphasizes actually taking action as a part of its educational process. For this reason, learning and acting are included in

most interventions based on OD principles, although one approach may emphasize one aspect more than the other. Finding out what action is needed and carrying it out is based on the problems actually found within an organization. This aspect of OD means that actual persons involved with particular problems are assisted with learning approaches to problem solving. This type of assistance may be based on different approaches to learning. One is the approach many persons are familiar with which involves learning about something and then attempting to perform according to what has been learned. Another approach used in OD is to involve organization members in acting and then examining what was done with the purpose of pinpointing the actions which might have produced more positive consequences for those involved.

In OD activities, "Diagnosis, action taking, and goal setting are inextricably related" (p. 43).

> Diagnostic activities are precursors to action programs, that is, fact-finding is done to provide a foundation for action. Actions are continuously evaluated in terms of their appropriateness—whether or not they are attainable and whether or not they can be translated into action programs. These three components of OD are also the basic components of the action research model, and it is for this reason that we view OD as "organization improvement through action research" (p. 43).

The third stage of the OD process, that of "Maintaining and Managing the OD Process itself" is its culminating activity in that

> organization development is a continuous process of the cycling of setting goals and objectives, collecting data about the status quo, planning and taking based on hypotheses and on the data, and evaluating the effects of action through additional data collection (p. 43).

Members of an organization in which OD is being used as an intervention learn as they engage in the OD process just how to maintain and manage the work and problems of their

organization from an OD perspective. According to looking for answers to these questions is a part of the management of this process:

> Are we being timely and relevant in our interventions?
>
> Are our activities producing the effects we intended and wanted? If not, why not; if so, why?
>
> Is there continued "ownership," that is, involvement, commitment, and investment, in the program by the clients?
>
> What are the total system ramifications of our efforts? Did we anticipate these? If yes, what do we do about them?
>
> What about the culture of our own OD group? Must it be changed in any ways? Are we solving problems effectively, managing against clearly understood goals, and modeling the kind of interpersonal climate we think is desirable in an organization? (p. 44).

During this stage of maintaining the OD process, the objectives to be met are:

> to model self-analysis and self-reflection as means of self-improvement;
>
> to model the action research principles of goal setting coupled with data feedback loops to guide and evaluate actions;
>
> to work to ensure ownership of the interventions and the entire program by organization members;
>
> to model the ability to detect and cope with problems and opportunities in the internal and the external environment;
>
> to test the effectiveness of interventions by utilizing feedback from the system;
>
> to test for relevancy of the program to the organization's needs;
>
> to test for timelines of interventions; and
>
> to ensure that intended and unintended consequences do not obviate the organization's and the OD program's goals (pp. 43-44).

If this stage of maintaining and managing the OD process is not adequately carried through, there is little chance that the attempt at producing change will succeed.

Process consultation and OD Edgar H. Schein (1969), one of the best known authors in the area of consultation, views what he terms "Process Consultation" (P-C) as a part of organization development. As he explains in the introductory chapter of *Process Consultation: Its Role in Organization Development*, his emphasis is "on the process by which the consultant builds readiness for OD programs, actually conducts training as part of the OD effort, and works with the key individuals of an organization as part of an OD program" (p. 3). With Schein's approach, a manager who requests the services of a consultant does not have to know exactly why he needs these services; instead, the consultant and the manager engage in "*joint* diagnosis" (p. 5). The process consultant's approach to organizations is based on three assumptions:

1) that most organizations could probably be more effective than they are if they could identify what processes (work flow, interpersonal relations, communications, intergroup relations, etc.) need improvement (p. 5).
2) that no organizational form is perfect, that every organizational form has strengths and weaknesses (pp. 5-6).
3) that problems will stay solved longer and be solved more effectively if the organization solves its own problems; the consultant has a role in teaching diagnostic and problem-solving skills, but he should not work on the actual concrete problems himself (p. 6).

Should the process consultant think he knows the sources of organizational problems he does not pass on his ideas before the appropriate time, because one other assumption of process consultation is "that the client must learn to see the problem for himself, to share in the diagnosis, and to be *actively involved* in generating a remedy" (p. 7).

Schein (1969) has formulated this definition of process consultation: *"P-C is a set of activities on the part of the consultant which help the client to perceive, understand, and act upon process events which occur in the client's environment"* (p. 9). The process consultant believes that "human processes" must not be overlooked in diagnosing organizational problems. In brief, "the process consultant is primarily an expert on processes at the individual, interpersonal, and intergroup levels" (p. 9). Although Schein agrees that improving human processes is not the only way to help organizations, he emphasizes that, "whatever work is engaged in its various functions are always mediated by the interactions of people . . . as long as organizations are networks of people, there will be processes occurring between them" (p. 9).

The process consultant operating within the organization development framework uses techniques such as those mentioned in the section on OD. Schein's (1969) summary of the role of this type of consultant suggests how once again it differs from other approaches:

> The job of the process consultant is to help the organization to solve its own problems by making it *aware of organizational processes,* of the consequences of these processes, and of the mechanisms by which they can be changed. The process consultant helps the organization to learn from self-diagnosis and self-intervention. The ultimate concern of the process consultant is the organization's capacity to do for itself what he has done for it. Where the standard consulant is more concerned about passing on his knowledge, the process consultant is concerned about passing on his skills and values (p. 135).

The assumptions and processes of organization development (OD) are in many ways the same assumptions and processes that are represented in the consultation model described earlier. What we have tried to do in presenting the consultation process is to describe the interaction between the consultant(s), the consultee(s), and the client(s). Not only may the consultee be an individual, group, organization or community. Since OD emerged more as an organizational renewal

model, we think it is important to consider it as technology, which, when set into motion by the consultant and consultee, can produce an impact upon framework, purpose, methodology, and psychosocial dimensions of an organization, as mentioned on p. 25.

TRAINING THE CONSULTANT

In devoting a section of this monograph to the training of consultants we have decided to share with you some of the thoughts we have had during the design of inservice workshops, video-simulations, presentations for professional organizations, and a graduate seminar, all of which were concerned with the topic of psychoeducational consultation. Our purpose is not to present the last word on training in this area but to discuss some areas which are of interest to us and might be of benefit to you, if only as a stimulus for the development of your own ideas.

We emphasize two basic constructs in our training program. These fundamental issues are:

a) Interaction

b) Continuity

An assumption underlying our training is that the process is primarily a dyadic interaction between the trainers and the trainees, and that the major characteristic of this interaction is interdependence. From the beginning of any training experience, be it inservice training for public school counselors or a graduate-level seminar, the responsibility for the outcome is shared. One example of this might be the discussion of trainer and trainee means for achieving desired outcomes.

This interaction allows for shared responsibility in determining the direction the training will take. We have found it is extremely important that this relationship of shared responsibility be continued throughout the training. No matter how much time is spent initially in determining goals, objectives, and implementation possibilities, these topics always resurface during the training and need to be dealt with in an interdependent manner.

The second idea which seems to be basic to our training is continuity. It is important to us that our training not be an isolated event in the educational life of the trainee. In looking at our format, we first try to focus on the past educational experiences of the trainee, both formal and informal. We are

interested in providing a smooth transition between the background a trainee has and the new material we are trying to present. If these considerations are ignored, the majority of our time as trainers will be spent dealing with trainee dependence, independence, or counterdependence.

Of equal importance to this principle of continuity is a concern for how the training ends. If the trainees are not to be left hanging, some thought needs to be given to what is required to allow them to move into their next phase of development. If we are presenting inservice training for practicing high school counselors, we look at what would be most beneficial to them as an aid in the implementation of consultation services in their job settings, such as guidelines for getting started.

Along with these two basic principles of interaction and continuity, there have been some training variables which have proven to be beneficial throughout our experience. They seem to divide themselves into two categories: characteristics of the effective consultant and characteristics of effective training. In most cases, they are not based on any empirical research we have conducted, but have surfaced out of attempts to present our ideas concerning psychoeducational consultation. Additional ideas were obtained from Davies, (1973), Davis, Alexander & Yelon, (1974), Filbeck, (1974), Havelock, (1973).

Characteristics of the Effective Consultant

Many authors have attempted to describe the characteristics of a consultant which make him effective. Havelock (1973) presented a list of the attitudes, knowledges, and skills needed by a consultant which does a good job of encapsulating the concerns of previous authors.

1. The change agent should have these attitudes and values:

   Primary concern for benefit of the ultimate user (usually students and communities in the case of education).

   Primary concern for benefit of society as a whole.

   Respect for strongly-held values of others.

   Belief that change should provide the greatest good to the greatest number.

Belief that changees have need and right to understand why changes are being made (rationale) and to participate in choosing among alternative change means and ends.

A strong sense of his own identity and his own power to help others.

A strong concern for helping without hurting, for helping with minimum jeopardy to the long or short-term well-being of society as a whole and/or specific individuals within it.

Respect for existing institutions as reflections of legitimate concerns of people for life space boundaries, security, and extension of identity beyond the solitary self.

2. The change agent should know these things:

That individuals, groups, and societies are open inter-relating systems.

How his role fits into a larger social context of change.

Alternative conceptions of his own role now and his potential role in the future.

How others will see his role.

The range of human needs, their inter-relationships and probable priority ranking at different stages in the life cycle.

The resource universe and the means of access to it.

The value bases of different subsystems in the macro-system of education.

The motivational bases of different subsystems in the macrosystem.

Why people and systems change and resist change.

How people and systems change and resist change.

The knowledge, attitudes, and skills required of a change agent.

The knowledge, attitudes, and skills required of an effective user of resources.

3. The change agent should possess these skills:

   How to build and maintain change project relationships with others.

   How to bring people to a conception of their priority needs in relation to priority needs of others.

   How to resolve misunderstandings and conflicts.

   How to build value bridges.

   How to convey to others a feeling of power to bring about change.

   How to build collaborative teams for change.

   How to organize and execute successful change projects (e.g. Stage I-VI of A GUIDE TO INNOVATION).

   How to convey to others the knowledge, values, and skills he possesses.

   How to bring people to a realization of their own resource-giving potential.

   How to expand people's openness to use of resources, internal and external.

   How to expand awareness of the resource universe.

   How to work collaboratively (synergistically) with other resource systems.

   How to relate effectively to powerful individuals and groups.

   How to relate effectively to individuals and groups who have a strong sense of powerlessness.

   How to make systemic diagnoses of client systems and how to generate self-diagnosis by clients (Havelock, 1973, pp. 70-72).

Characteristics of Effective Training

Training Justification. It has been our observation that a learner's attention, interest, concentration, and stick-to-itiveness is increased when the first step in training indicates to a trainee:

1. A general description of what he will be mastering. We attempt to present, in outline form, topics which will be covered and the skills, knowledge, and attitudes which will be developed during the training.

2. How he will be able to make use of the new learning. We have found that initially some time needs to be spent demonstrating the significance of consultation to the trainee. We have done this by stating survey findings, personal experiences of the instructor, and personal experiences of the trainees. We look at the concept of significance as it affects them immediately and in the long run. At the present time they might be adding another emphasis area in their training which will allow them to be more effective in internship assignments or work situations. As time goes on, the course will become more meaningful by providing them with an additional area of focus, enabling them to qualify for a larger spectrum of professional positions.

3. How the new learning complements, supplements, and integrates with prior learning. This step involves our initial attempt to fulfill our desire for continuity in the training experiences. In many cases this is done by reviewing with the trainee past educational experiences and how the major concepts they dealt with relate to the content of the present training. For example, in working with students trained in counseling psychology, emphasis is placed upon the similar characteristics of the problem solving processes in psychotherapy and consultation.

4. The procedures he may follow in achieving the objectives. An outlined list of the instructional activities is given to all trainees, and time is spent in gaining a clear picture of the responsibilities of the trainer and trainee. If a simulation is part of the training, whose responsibility is it to construct the simulation and what type of feedback will be provided are included.

Experiential Base. Having had prior experience on consultation, no matter how naive the attempt, is a distinct advantage for a student. The major emphasis in training in psychoeducational consultation is upon forming a new conceptual framework to look at a helping relationship. Many times, the development of this

new set of glasses through which a trainee looks at potential helping situations is a difficult process. Having the ability to reflect on past experience is a beneficial tool for aiding the process of integrating this new material. Without these past experiences, the trainee has a greater difficulty determining the relevance of the consulting concepts to his personal style.

It is also of equal importance that the student has had prior training in the basic relationship skills, i.e. attending, reflecting, clarifying, summarization, etc. These are basic to any helping relationship, be it counseling or consulting. Without these skills the trainee is unable to perform the more highly developed behaviors of problem definition, problem assessment, and problem solutions.

Modeling. Modeling is used whenever possible in the presentation of new behavior. Videotaped simulations of consulting behaviors are presented and discussed in reference to the cues which signal their appropriateness. The trainees also are involved in the development of video modeling tapes, which they present to their fellow trainees for constructive feedback concerning their authenticity. Throughout the course, the instructors present vignettes of consulting from past experience and highlight the cues which they used to determine their appropriate utilization. Trainees who have had past experience are utilized as peer models in situations where they have developed appropriate behaviors.

Open System. The training sessions are conceived as times for interaction among the instructors and the students. Through the combination of their ideas a larger and more accurate picture of consultation can be determined. The instructor's presentations are given with the purpose of forming an instructional base of information from which the students can develop in a direction of their choice. The information is presented in such a way that the students are encouraged to comment on its validity or invalidity for their particular situation. This type of assertive behavior on the part of the trainee is encouraged because of its appropriateness to the development of the course and its indispensability to the repertoire of behaviors of a consultant.

Distributed Practice. As much as possible the trainee is involved in activities which enable him to test out his newly developed behaviors. This step might come in the form of designing workshops for the inservice training of public school counselors, presenting modules on consultation at professional meetings, participating in a simulated consultation situation, etc. It aids the instructional experience when the trainee is involved in either an internship or a job situation which allows him to try out the skills he is acquiring. These opportunities for practice are distributed throughout the course to allow the trainee to continually develop his skill level. Hopefully, in the near future, a two-semester sequence will be developed to link the consultation seminar to consultation practica or internships.

Massed Practice. We have found that massed practice of an extended period of involvement in consultation is a necessary instructional procedure for bringing about a synthesis of attitudes, knowledge, and skills regarding consultation. In most cases this aids the trainee in the process of internalizing the new material, which is a prerequisite to his smooth and effective operation in a real setting. This massed practice usually takes the form of at least a day long retreat providing participation in simulations, discussion, and constructive feedback concerning the trainee's integration of attitudes, knowledge, and skills concerning consultation.

Training Formatting. We have observed that the individual development of consulting models is best fostered by a high level of trainer-led activity early in the course moving to a high level of trainee-led activity towards the end. The training is so arranged that the majority of cognitive input and instructor and guest lectures are presented in the initial half of the semester. This allows for the development of a conceptual framework from which the students can individually look at consultation during the latter part of the course. It also provides a base for the development of their individual models of consultation and the ultimate application of these models upon completion of the course. Help in understanding the basic concepts involved in consultation is given in the early stages of the course. After this time the trainee is encouraged to fur-

ther develop these concepts and to integrate them into a personal style.

Synergy. We attempt whenever possible to allow for a variety of input to the trainee. This step refers to both the form and content of the instruction. Various types of mediated instruction are attempted, such as films, video tapes, and simulations. This list continues to grow and change as new media become available. Attempts are made to present the new information in other than academic words and processes. Best selling books, for example, *All Things Bright and Beautiful*, are utilized to present input on the consulting relationship. Students are encouraged to suggest input from disciplines outside of counselor education, i.e. cybernetics, instructional systems management, etc. Persons throughout the training community are contacted for possible input for the course, and in some cases individuals are asked to make personal presentations of their information. We attempt to keep in mind that each trainee is different in the way in which he relates to new material and that for a training program to be effective it must present a variety of models of instructions.

These principles and guidelines, along with many ideas which we are not yet able to coherently present to you, form a framework within which we design our training. As you can see they do not yet, and probably will never, form a tight unit out of which we can mechanically produce a variety of training experiences. We find that with each new attempt at training we need to go back and review our role as trainers and how that role relates to the specific needs of the current situation.

To complete this section we would like to present one example of our trials at training psychoeducational consultants. We begin with the course outline, which we currently use as a guide to an upper level graduate seminar in consultation. It represents the proposed instructional framework and content within which we develop a relationship of shared responsibility with our trainees. Appendices A (Consultation Tools), B (Consultation: A Personal Definition), and C (Consultation Simulation) contain additional materials which we have found to be beneficial to our training experiences.

SEMINAR IN PSYCHOEDUCATIONAL CONSULTATION

Instructor: Dr. DeWayne Kurpius

Meeting Period: One 3 hour class session per week

Basic Texts:

Approximate Enrollment: 10-15

Kurpius, D., & Brubaker, J. C. *Psychoeducational Consultation*. U.S. Office of Education: Indiana University, Bloomington, 1976.

Havelock, R. G. *The Change Agent's Guide to Innovation in Education*. Englewood Cliffs, N.J.: Educational Technology, 1973.

Caplan, G. *The Theory and Practice of Mental Health Consultation*. New York: Basic Books, 1970.

Parker, C. A. *Psychological Consultation: Helping Teachers Meet Special Needs*. Leadership Training Institute, 1975.

TRAINING EMPHASIS	READING	GENERAL INSTRUCTIONAL GOALS	GENERAL DESCRIPTION OF EMPHASIS AREA
I CONSULTATION MODES	Kurpius-Brubaker pp. 1-14	Provide a basic understanding of the consultation process as it relates to the four modes of consultation.	The framework upon which the course is developed is directly related to the four consultation modes, i.e. Provision, Prescription, Collaboration, Mediation. A general description of the distinguishing characteristics of each of the modes is presented. Some time is given to discussion concerning the criteria for determing the appropriate mode in a specific consulting setting.

TRAINING EMPHASIS	READING	GENERAL INSTRUCTIONAL GOALS	GENERAL DESCRIPTION OF EMPHASIS AREA
II CONSULTATION PHASES	Kurpius-Brubaker pp. 15-40 Havelock pp. 43-140	Presentation and description of a four phase process for engaging in consultation.	This segment contains a general presentation of the consulting process as a cyclical pattern phases, i.e. phasing-in, planning, producing, phasing-out. The procedures involved in each of the phases are discussed in reference to the assigned headings.
III CONSULTATION: Factors Relating to Individual, Group, Organization, and Community change	Kurpius-Brubaker pp. 41-70 Caplan pp. 48-124 Havelock pp. 153-164	Presentation of some of the major consultation issues and discussion of their relevance to determining appropriate consultation activities.	The major concerns within the consulting process are discussed, i.e. inside-outside consultant, resistance, organizational development, etc. Three major change models are introduced: Research, Development and Diffusion, Problem Solving, and Social Interaction; their relevance to the consultant is analyzed.
IV CONSULTATION TOOLS	Kurpius-Brubaker pp. 84-92	Introduction to a select number of skills which can be of assistance to a consultant.	It is assumed that an advanced graduate student already possesses the basic relationship and communication skills. The intent of this area is to build on this base and focus upon the problem solving skills basic to involvement in individual, group, or organizational consultation. The skills are directly related to the procedural stages in consultation, i.e. force field analysis, writing objectives, group problem solving, conflict utilization, brainstorming, formative evaluation, etc.

TRAINING EMPHASIS	READING	GENERAL INSTRUCTIONAL GOALS	GENERAL DESCRIPTION OF EMPHASIS AREA
V CONSULTATION: A Personal Definition	Kurpius-Brubaker pp. 94-96	Provide a structure for the analysis, synthesis, and evaluation of the consultation literature as an aid to the development of a personal definition of consultation.	Areas I through IV are brought to a focus enabling the students to begin to to develop an initial outline for their personal consulting model. As a further aid to the student in his process of developing an outline, other models of consultation are presented. A conceptual model for analyzing consulting setting is presented along with a format for constructing a model of consultation.
VI CONSULTING SIMULATION	Kurpius-Brubaker pp. 98-102	Provide an experience in which the trainee can have an initial attempt at implementing his/her model of consultation.	Seminar members construct and participate in a consulting simulation. Procedural consideration from game theory and video tape technology are presented. Feedback is provided for the creators of and the participants in the simulation as an aid to evaluation and refinement of their personal definitions.

APPENDIX A

Consultant Tools

APPENDIX A

Consultant Tools

Throughout the monograph we have described the Modes, Stages, and Factors which relate to psychoeducational consultation. Within this section we wish to highlight a number of tools which will help the consultant fulfill the role we have described. To present a list which would "totally" accomplish this task is beyond the scope of this monograph. What we do wish to do is highlight eight tools which seem to play a major role in the professional life of a consultant. There are many other tools which could be of benefit to you and as aid in your search for these tools we have listed seven references which do an adequate job of covering the field.

Brainstorming

At some time during the life of most consulting relationships a need develops for creative ideas to be used in developing a solution to a problem. What makes this a difficult situation for the consultant is not that the consultee system is void of ideas but there is no easy way of bringing these ideas to the surface. Brainstorming is a relatively easy way to generate imaginative and creative solutions to problems.

Brainstorming can be attempted in a variety of formats, i.e. small or large groups, but in all cases it is based upon some primary guidelines.

1. Everyone is encouraged to contribute.
2. The process is fast and happy.
3. No value judgments are placed on ideas.
4. Ideas are recorded on newsprint or chalkboard.

After this initial phase of the brainstorming process is completed the ideas are prioritized and then time is spent evaluating their potential for solving the problem.

Decision Making Grid

All consultants are confronted with the problem of how decisions are to be made within the consulting relationship.

Many times this concern is not attacked directly but allowed to slide from meeting to meeting. In most cases when this happens the output of these meetings lessens. Hall, O'Leary, and Williams (1964) present the decision making grid as a method for directly approaching this important area of consultant concern. They see two major concerns in the group decision-making process:

1. concern for the adequacy of the decision to be made.
2. concern for the degree of commitment the group will have to the decision once it is made.

With both of these concerns and the assumption that they are independent of one another (one can be high and the other low) they present a grid which is very helpful in presenting five styles of decision making.

	1/9 Good Neighbor Decision Making	9/9 Consensus Decision Making
Commitment of the Group to the Decision	5/5 Traditional Decision Making	
	1/1 Default Decision Making	9/1 Self-Sufficient Decision Making

Adequacy of the Decision

9/1 Self-Sufficient Decision Making

a) maximum concern for adequacy and minimum concern for commitment

b) a group is not a good place to make decisions

c) the responsibility for the decision is placed on one person
d) the decision makers' operation in the group is based on power

1/9 Good Neighbor Decision Making
a) minimum concern for adequacy and maximum concern for commitment
b) the primary value is harmony and understanding within the group
c) actual mistrust by the good neighbor of his own powers
d) fear of conflict
e) emphasizes a superficial sort of togetherness
f) avoids confrontation necessary for adequate decision making

1/1 Default Decision Making
a) minimum concern for adequacy and commitment
b) reaction to stress of decision making
c) role played by the powerless 9/1 and the frightened 1/9
d) operates out of conformity, self protection, or both

5/5 Traditional Decision Making
a) equal "average" concern for adequacy and commitment
b) the two concerns are not complementary but stand in opposition
c) decisions usually made by voting (numerical majority)

9/9 Consensus Decision Making
a) equal "maximum" concern for adequacy and commitment
b) all of the group's resources should be used
c) high level of involvement from all of the group members
d) a group is a good place to make decisions
e) conflict is a source of new ideas
f) genuine consensus will produce the best possible decisions

To add to the five-fold model of decision making styles, Schmuck (1972) describes a three-fold definition of consensus:

1) Everyone can paraphrase the issue to show that he understands it.

2) Everyone has a chance to describe his feelings about the issue.

3) Those who continue to disagree will nevertheless say publicly that they are willing to give the decision an experimental try for a prescribed period of time.

Delphi Technique

In some cases a consultant is asked to aid a consultee system in making decisions based upon information concerning the future state of that system. When these opportunities arise the consultant needs to decide what is the best method for obtaining this future information. A delphi is one way of obtaining these projections. Olaf Helmer has defined delphi as a carefully designed program of sequential individual interrogations (best conducted by questionnaires) interspersed with information and feedback.

As the technique has developed in the last fifteen years, it has been made up of three characteristics (Rasp, 1973):

1. Each participant contributes at each step of the questionnaire process before seeing the inputs of other participants for that step.

2. While the individual knows his own response throughout the process, inputs of others remain anonymous.

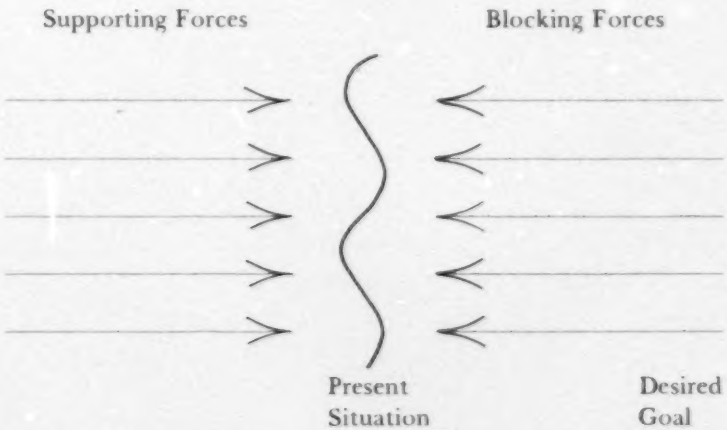
3. Input gained at one step of the process is shared as part of the next step.

The assumed outcome of this process is that through the successive steps of information gathering a group consensus can be gained which will have more validity than the output of a face to face meeting with all its interpersonal variables. Alfred Rasp Jr., in his 1973 article, "Delphi: A Decision-maker's Dream," does an excellent job of describing the

process and giving examples of how it has been used in the field of education.

Force Field Analysis

One of the most useful methods which can be used for identifying forces which both block and support problem solving and decision making is a process developed by Kurt Lewin and referred to as Force Field Analysis. Lewin felt that for every attempted change (decision) there existed two sets of forces. One set tended to support the desired change and the second set of forces acted as a barrier to reaching a desired goal. These forces are common among most working groups but are usually less of a barrier if they are identified and accepted as real factors to be considered when moving toward desired goals and objectives. The outcome of using this process, then, is the identification of the problems and the resources for moving toward the desired goal.



Steps to follow when applying Force Field Analysis:

1. Define the *present* situation which needs to be changed, i.e., define the problem(s).
2. Define the *desired* situation, i.e., the goal toward which we are working.

3. List the forces which are supporting the desired change.
4. List the forces which are blocking the desired change.

   Note: If agreement cannot be reached on the proper side to place the force, develop a third column called Value Differences.

5. Select blocking forces most easily modified.
6. Select supporting forces which are most easily implemented.
7. Choose the forces you intend to begin working.

   Note: Choose the combination of forces which will have the greatest influence, cause the least resistance, and promote the most desired and lasting change.

As you utilize the information collected to develop objectives, strategies, and plans for problem solving and decision making it may be important to periodically repeat the force field analysis process to determine the degree of accomplishment.

Model Building

In order for a consultant to operate in a system, he/she must develop a picture of the factors that are active in the situation. Model building is a systematic attempt at developing that picture. Gordon Lippitt (1973) states seven different functions that a model can perform for a consultant:

1. Representation—gives you the ability to break down a complex situation and put it on paper.
2. Guiding—presents ways of dealing with the variables in a situation.
3. Interpretation—gives you a way to test out theories on paper.
4. Visualization—helps the consultant to visualize the entire change process.
5. Prediction—can help you work through a change process and predict outcomes.

6. Recreation—a good way to doodle with your professional ideas.
7. Communication—an aid in looking at the communication process and its three parts: the source, the channel, and the receiver.

A model could take a variety of forms. It could take the form of a graph and present information in a two of three dimensional diagram. A model could also take the form of a picture which would present a "real life situation." A schematic drawing such as a flowchart could be used to present the major parts of a situation and their relationship to each other. Mathematic formulas in some cases do a good job of clarifying the relationship and the value of the major variables in a consulting situation. A final suggestion is that a model could be a three dimensional mockup of the situation in which you are working. A model classroom is one example of this.

Gordon Lippitt, in his 1973 book, *Visualizing Change*, reviews the major models in change literature and discusses methods for creating models of your own.

Process Analysis

In some cases it is important for a consultant to help the consultee system to focus on the interaction processes they use in meeting. Process analysis is one way to do this. Process analysis usually takes the form of short sessions held after the conclusion of a meeting. Edgar Schein (1968) pointed to eight major areas which are important to discuss during the process analysis session:

1. Goals—the degree to which they are viewed as clear rather than confused.
2. Participation—the degree to which all members are involved rather than domination of the meeting by a few individuals.
3. Feelings—the extent to which feelings are freely expressed, without being ignored or criticized.
4. Diagnosis—the degree to which careful diagnosis is carried out, with basics receiving attention, rather

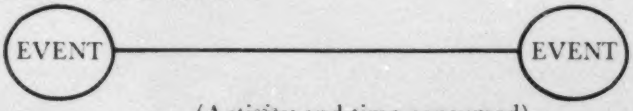
than problem definition being followed immediately by remediation.

5. Leadership—the extent to which leadership is distributed or shared, rather than the group forming a dependency on one individual.
6. Decisions—the degree to which decisions are made by consensus rather than by a few individuals.
7. Trust—the extent to which individuals are trusting and are willing to reveal themselves or are polite and closed.
8. Creativity and growth—the extent to which the group seeks new and better ways of moving toward goal achievement rather than behaving in a rigid and stereotyped manner.

PERT

There are times when a consultant is contacted and the presenting problem is a lack of explicit awareness of the task of the consultee system. Within some social service agencies the task of the system can only be defined as "helping people." In such cases, P.E.R.T., Program Evaluation and Review Technique can be an aid to the consultant. PERT is defined as "a planning and control tool for defining and controlling the efforts necessary to accomplish project objectives on schedule" (FitzGerald and FitzGerald, 1974). It is a graphic method for presenting "the interrelationships of events and activities" involved in performing a task. PERT could be used to define and coordinate job activities, determine the significance of individual jobs, simulate possible decisions in order to determine the outcomes of such a decision.

The majority of the time a PERT chart consists of events and activities. Events are "specific accomplishments that do not consume time or resources." "Activities are the time consuming elements of the network."



(Activity and time consumed)

Through the connection of a group to these units the entire "critical path" of a task can be visualized and better understood.

Scenario

A consultant can aid his consultee system in looking at its probable futures by the use of scenarios. Scenario writing is a method for taking the information obtained through the use of a delphi or other future research technology, and turning it into narrative pictures of alternative futures. In most cases scenario writing is made up of 4 processes (Hencley & Yates, 1974):

1. Develop a checklist of the major aspects of the system you are trying to project a picture of.
2. Design specific questions concerning the aspects.
3. The answers to the questions are then tested for their consistencies with one another and arranged in chronological order.
4. A narrative description of the system is then written based on the list of answers. The writing of the scenario is guided by the criteria of logic, internal consistency, plausibility, and relevance.

Sage (in Hencley & Yates, 1974) describes scenarios as "a way of giving substance to forecasts of the future. This is important because the scenario allows the decision makers to focus their attention on causal relationships and decision points in the emergence of the forecast future."

APPENDIX B

Consultation: A Personal Definition

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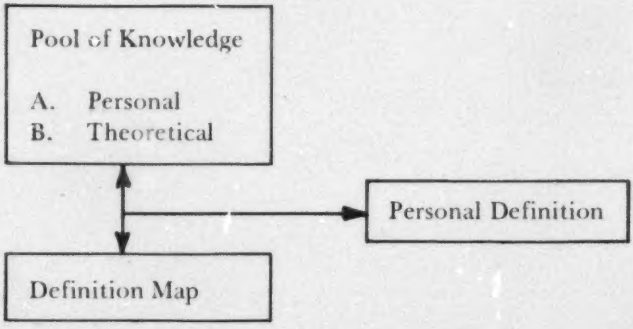
Consultation: A Personal Definition

Purpose: Provide an experience which will allow for conceptualization and integration of one's ideas and beliefs about consultation with the ideas and beliefs of significant professionals in the field. The format of the project will allow for the initial development of a framework for consulting.

Process: In order to aid you in your development of a personal definition of consultation, we are presenting one possible process for fulfilling the stated purpose. The process involves describing what we see as five methods for defining consultation. We term this a definition map. Within the definition map we describe how you can exemplify, approximate, compare, construct and operationalize the process of consultation. We believe that you have two sources of information to use in these five processes: your experiential knowledge and your theoretical knowledge. These two sources interact to form a pool of knowledge which is available to you. The following is a description of this definition map and knowledge pool and a suggested format for writing your personal definition.



Definition Map

We emphasize five major methods to be used in defining the process of consultation.

1. *Exemplify*–What are some examples of the process from your past professional experiences?
2. *Approximate*–What experiences have you had (other than consultation) which may involve similar processes?
3. *Compare*–What are the similarities and differences among the stages in consultation?
4. *Construct*–What are the component parts of the consultation process?
5. *Operationalize*–What are the major ways the consultation process could function?

Pool of Knowledge

There are two major sources of knowledge for this assignment–personal and theoretical.

A. *Personal*–This includes all of your past and present experiences which have created ideas concerning the consultation process.

B. *Theoretical*–This includes at a minimum all of the major references which were used in the course.

Psychoeducational Consultation: DeWayne Kurpius and Craig Brubaker

Psychological Consultation: Clyde Parker

Mental Health Consultation: Gerald Caplan

Change Agent's Guide to Innovation in Education: Ronald Havelock

Individual Definition Format

The final product has two components, the *body* and the *references*:

Body: The body consists of presenting the five types of defining information (from definition map) for each of the nine stages of consultation.

1. *Pre-Entry*–Clarification of the consultant's values, needs, assumptions, and goals about people and organizations; identification of the purposes of consultation.

2. *Entry*—Definition and establishment of the consultation relationship, roles, groundrules, and contract, including statement of presenting problem.
3. *Gathering Information*—The gathering of additional information as an aid in clarifying the presenting problem.
4. *Defining the Problem*—Examination of the assessment information in order to determine the goals for change.
5. *Identifying and Selecting Alternative Interventions*—The analyzing and the synthesizing of information in search of the best solution.
6. *Stating Objectives*—Who does what to whom by when with what degree of success.
7. *Implementing the Plan*—Application of the intervention following the guidelines of the objectives.
8. *Evaluation*—The monitoring of the ongoing activities (process evaluation) culminating with the measuring of the final outcome (product evaluation).
9. *Termination*—Agreement to discontinue the efforts of the consultant keeping in mind the effects of the consultant are expected to continue.

Reference: All information used in the body which is obtained from theoretical knowledge needs to be cited according to APA guidelines. A list of all references should be provided at the end of the body.

Clarification and Development of Contract for Final Project

Each individual and/or small group (dyad-triad) needs to make a 30 minute appointment to discuss the details of their project.

APPENDIX C

Consultation Simulation

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Consultation Simulation

Purpose

The purpose of this process is two-fold. It gives you the opportunity to analyze one possible consulting situation and secondly it provides you with the experience of applying some of the consultation skills you have acquired throughout the course. It is our intent that through your designing and participating in a simulation you will take your initial step towards the application of your personal consultation model.

Process

The simulation consists of four parts: Scenario, Guidelines, Role Definitions, Debriefing.

I Scenario—description of the consultation target.

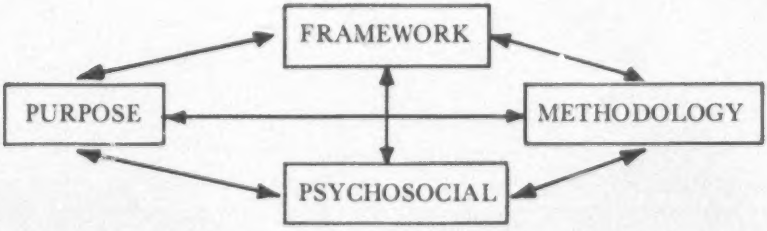
II Guidelines for participants—description of the way the simulation works.

III Role Definitions—description of the parts each participant plays in the simulation.

IV Debriefing—description of the process for discussing the simulation.

Scenario

The setting for the simulation can best be described by listing the major characteristics of the four dimensions of the target, Purpose, Framework, Methodology, and Psychosocial. This process is the same as that discussed previously in the information-gathering stage of consultation (pp. 23-33).



What we are presenting is a list of bipolar adjectives which describes each of the four dimensions (see charts 1-4, pp. 27-30). In order for you to make the best use of the charts it is important to keep in mind these procedural steps.

1. Describe, in one or two words, the context in which you will be consulting. Example: school.
2. Look at the dimensions and their definitions one at a time.
3. Answer the four questions listed under the dimension (keep your answer to a paragraph).
4. List any other characteristics which seem relevant to the dimension.

Guidelines for Participants

The six items which follow are important areas to cover in your guidelines for the simulation.

1. A brief description of the situation you are attempting to simulate. Example: a junior high school of 500 students.
2. A short statement of the objectives of the simulation. What is each participant's goal? Example: to gain a better understanding of the consultation process.
3. A description of the materials the participants will be using. Example: role description cards.
4. A description of the order of play, the sequence of events which make up the simulation. Example: each participant will play the role of consultant for a predetermined period of time.
5. Provide an example of how the simulation will look. Give a short run through each of the steps.
6. It is important to keep in mind that the content of the five previous guidelines is based upon the stated purpose of the nine stages of consultation.
   a. *Pre-Entry*: clarification of the consultant's values, needs, assumptions, and goals about people and organizations; identification of the purpose of consultation.

b. *Entry*: definition and establishment of the consultation relationship, roles, groundrules, and contract, including statement of presenting problem.

c. *Gathering Information*: the gathering of additional information as an aid in clarifying the presenting problem.

d. *Defining the Problem*: examination of the assessment information in order to determine the goals for change.

e. *Identifying and Selecting Alternative Interventions*: the analyzing and the synthesizing of information in search of the best solution.

f. *Stating Objectives*: who does what to whom by when with what degree of success.

g. *Implementing the Plan*: application of the intervention following the guidelines of the objectives.

h. *Evaluation*: the monitoring of the ongoing activities (process evaluation) culminating with the measuring of the final outcome (product evaluation).

i. *Termination*: agreement to discontinue the efforts of the consultant keeping in mind the effects of the consultant are expected to continue.

Role Definition

The roles of the participants are defined in relation to the four dimensions of the scenario: framework, methodology, psychosocial, and purpose. To obtain an initial description of the roles, follow these steps:

1. Look at your description of the scenario and decide what roles exist within the situation. Example: dean, department chairman, professor, student, registrar, etc.

2. Answer the following four questions for each role. (Try to keep this information as clear and concise as possible). Example: uses only the lecture method of instruction.

1. *Framework*: What role does the participant play in the framework of the target system? Example: teaches two undergraduate classes in psychology.
2. *Purpose:* What would the participant say are the major goals and values of the target? Example: to have a smooth operating institution based upon equal involvement of all participants.
3. *Psychosocial*: What are the participants' major inter and intra-personal characteristics? Example: defensive, good at working in task groups.
4. *Methodology*: What means does the participant favor in fulfilling the purpose of the target system? Example: democratic interaction between all members of the target system, administration, faculty, and students.

Debriefing

The final and in many cases the most important step in a simulation is the debriefing. It is at this point that you provide a structure which will aid the participants in looking at the dynamics of the activity in which they were just involved. The following is a set of five guidelines which will help you design such a structure.

In referring back to the simulation, pose questions which will bring up information concerning:

1. The kinds of decisions made (by whom and regarding what) and the effects of those decisions (on whom).
2. The kinds of strategies and tactics undertaken by players, and the payoffs attributed to those straetgies.
3. The kinds of ambiguities and uncertainties experienced, and the manner in which players responded to those ambiguities.
4. The relationship between an issue environment, a potential payoff, and the kind of strategy undertaken

(e.g., collaborative vs. contest, long range vs. immediate, instrumental vs. altruistic, and so on.)

5. The kinds of insights players developed about themselves, about the subject matter of the simulation, about the bargains struck and issues negotiated, or about some other process simulated.

BIBLIOGRAPHY AND SELECTED READINGS

ABSTRACTING FORMAT

We have found it beneficial to our training to have the trainees abstract articles of interest from the consultation literature. Before we list a select bibliography from this body of literature we would like to present one example of the form and content of these student abstracts.

CITATION	CALL NUMBER
Lanning, Wayne, "An Expanded View of Consultation for College and University Counseling Centers." *Journal of College Student Personnel*, 1974, *15*, 3.	LB2343 A2J8

LIBRARY	FORM	PAGES	ABSTRACTOR'S LAST NAME
Main	Journal	171-6	Madden

DESCRIPTORS

___	01 Bibliography	___	53 Task Roles
___	03 Consultation	___	55 Maintenance Roles
___	05 Organizational Change	___	57 Constraints
___	07 Organizational Renewal	___	59 Resources
X	09 Organizational Development	___	61 Climate
___	11 Educational Innovation	___	63 Motivation
X	13 Educational Change	___	65 Third Party
___	15 Systems Change	___	67 Negotiation
___	17 Problem Solving		
___	19 Decision Making		The Consultation Stages
___	21 Conflict Identification	X	69 Pre-Entry
___	23 Conflict Utilization	X	71 Entry
___	25 Conflict Resolution	X	73 Information Gathering
___	27 Conflict Avoidance	X	75 Problem Definition
___	29 Role Conflict	X	77 Alternative Solutions
___	31 Role Definition	X	79 Stating Objectives
___	33 Collaboration	X	81 Implement Plan
___	35 Interdependence	X	83 Evaluation
___	37 Adoption	X	85 Termination
___	39 Diffusion		
___	41 Feedback		The Consultation Modes
X	43 Goal Clarification	___	87 Provision
___	45 Resistance to Change	___	89 Prescription
___	47 Objectives	___	91 Mediation
___	49 Team Building	___	93 Collaboration
___	51 Norms		

ABSTRACTOR'S COMMENTS – The realization that one does what one is trained to do was aptly pointed out by Dr. Lanning. By doing so he emphasized the need for specific training on consultation and the additional need for an integrated theory.

ABSTRACT

The author states that counseling centers can make significant contributions to a university by helping areas within the university improve their contributions to the academic scene. This feeling has precipitated a new definition for inside consultation: 1) the consultation process is an activity engaged in with others within a social unit, 2) its emphasis lies in the development of capabilities within that unit as well as in the solution of its problems, and 3) the consultant may also function as a trainer.

He goes on to say that consultation is for "any functional unit or subunit within the university framework."

He concludes by listing and explaining the phases of consultation:

1. Initiating contact. By use of an extensive public relations program.
2. Entry by consultant. Knowing your goals as well as the limits of your ability.
3. The identification of needs.
4. Implementation of training.
5. Evaluation.
6. Termination of the relationship.

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